



12 June 2004

**DoH to fund
Derbyshire
self-care pilot**

**Consortium
wins health
strategy tender**

**Glaxo faces
US lawsuit
over Paxil**

**See no evil...
different views
on men's health**

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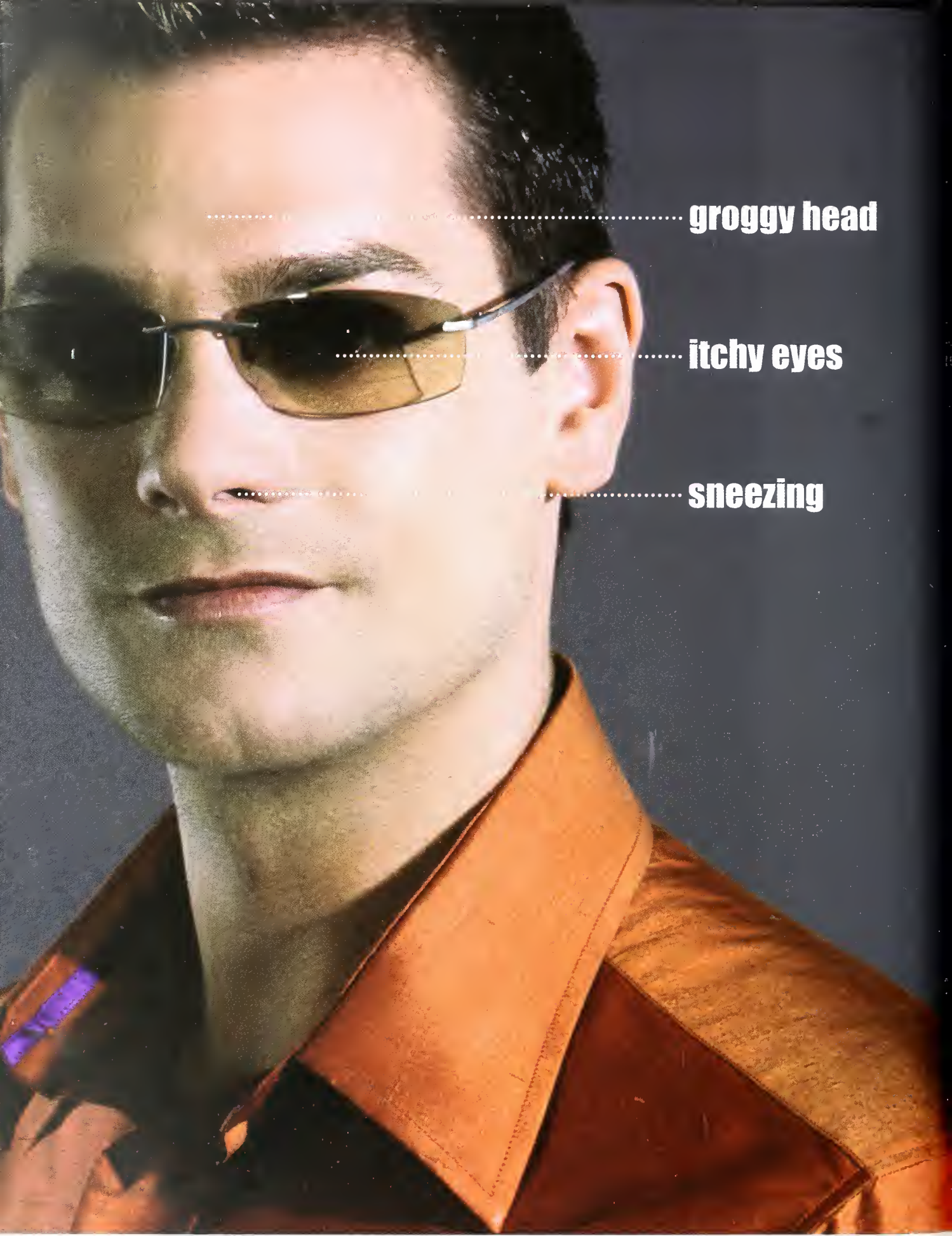
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Further information is available from: Crookes Healthcare Limited, Nottingham NG2 3AA
Legal category: P Date of preparation: May 2004 NFN654



CROOKES
HEALTHCARE





groggy head

itchy eyes

sneezing

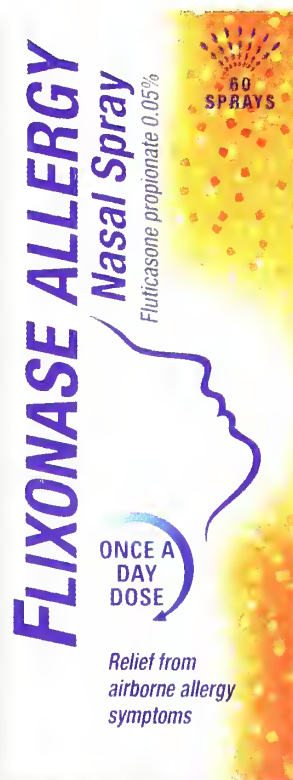
Flixonase Allergy Nasal Spray Product Information. **Presentation:** Aqueous nasal spray suspension containing 50 micrograms of fluticasone propionate per spray. **Uses:** Prevention and treatment of allergic rhinitis. **Dosage and administration:** Intranasal use only. *Adults and the healthy elderly:* Two sprays into each nostril once a day, preferably in the morning. Use twice daily if required. Do not use more than 4 sprays a day in each nostril. Prophylaxis of allergic rhinitis requires treatment before contact with allergen. *Children under 18 years:* Not to be used. **Contraindications:** Known hypersensitivity to ingredients. **Precautions:** If symptoms have not improved after 7 days or, if symptoms have improved but are not adequately controlled, consult a doctor. Not to be used for more than 3 months continuously without consulting a doctor. Consult a

doctor before use in: concomitant use of other corticosteroid products, nasal/sinus infection, recent nasal injury/surgery, nasal ulceration. Risk of adrenal suppression with higher than recommended doses. Significant interactions between fluticasone propionate and potent inhibitors of the cytochrome P450 3A4 system, e.g. ketoconazole and protease inhibitors, such as ritonavir, may occur. This may result in increased systemic exposure to fluticasone propionate. **Side effects:** Dryness and irritation of the nose and throat, unpleasant taste and smell, headache and epistaxis. Hypersensitivity reactions including skin rash and oedema of the face or tongue. Rarely anaphylaxis/anaphylactic reactions and bronchospasm. Extremely rarely nasal ulceration and nasal septal perforation usually following previous nasal surgery. **Pregnancy and lactation:** Do not use

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fluticasone

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For medical advice. Legal category: P. Product licence number: PL 10949/0360. Licence holder: Allen & Hanburys, Stockley Park, Middlesex, UB11 1BT. Further information available on request from Medical and Consumer Affairs, GlaxoSmithKline Consumer Care, Brentford, Middlesex, TW8 9GS. Package quantity and RSP: 60 spray pack £6.79. Preparation: December 2002. Flixonase is a registered trade mark of the GlaxoSmithKline companies.

References: 1. Howarth PH. Allergy 2000; 62: 6-11. 2. Rak S et al. Clin Exp Allergy 1994; 24: 930-934. 3. Force C. J Allergy Clin Immunol 1999; 103: S388-394. 4. Jordana G et al. JACI, 1996; 97: 128-135. 5. Van Bavel JH et al. Ann Allergy Asthma Immunol 1997; 78: 128. 6. Gehanno P,

Desfougeres J-L. Allergy, 1997; 52: 445-450. 7. Ratner PH et al. J Fam Pract 1998; 47: 118-125. 8. Stricker WE et al. Ann Allergy Asthma Immunol 1998; 80: 115. 9. Kaszuba SM. Arch Intern Med 2001; 161: 2581-2587. 10. GlaxoSmithKline. Data on file, FNM30033. 11. GlaxoSmithKline Data on file, FNM40184 & 0185. 12. Vervloet D et al. Clin Drug Invest 1997; 13(6): 291-298.



GlaxoSmithKline
Consumer Healthcare



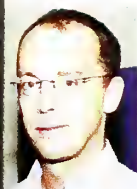
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Pharmacy

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Parts of our brains
degenerative disease



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give the man who
has everything?

Self-care model funded by DoH

by Gary Paraguri

gparaguri@cmpinformation.com

The Department of Health and a Derbyshire PCT are to fund a pilot to test self-care in patients.

The model will integrate three specific modules – prevention of coronary heart disease, minor ailments, and chronic condition management – with Erewash PCT's existing self-care programme.

The aim is to demonstrate the benefits of adopting a cohesive strategic approach to self-care in one area. Professor Mike Pringle, chair of the project's steering group and head of Nottingham University's School of Community Health Sciences, announced at last week's AESGP conference in Madrid (see p34).

The DoH will provide funds (understood to be about £300,000) to evaluate the study, to be launched later this year after it receives ethics approval, while the PCT will pay the implementation costs of about £95,000. The study will be reviewed after 12 months.

All pharmacists in the PCT will be invited to take part.

Professor Pringle said the model was expected to demonstrate: independent autonomous behaviour of individuals with regards to self-care; better use of healthcare services; better health outcomes; attainment of NHS targets; and better choices for patients.

Three further PCTs have

expressed an interest in adopting the model after evaluation.

Erewash PCT was chosen as it has a wide distribution of deprivation, affluence and ethnic minorities.

Government policy was geared to encouraging self-care, he said, from greater access to medicines in more convenient locations to wider access to a range of professionals, medicines and information.

Study objectives

The self-care model will integrate the following three modules with Erewash PCT's existing self-care policy:

- Prevention of CHD in men and women aged over 30 – people will be given advice on understanding risk factors such as smoking and lack of exercise. This will be offered in workplaces, pubs, clubs, walk-in-centres and pharmacies in a bid to reach as many people as possible.
- Minor ailments, winter health, hay fever, mothers and families – leaflets, posters, booklets and pharmacy self-care schemes will be used to target the population. The evaluation will measure the campaign's effect on antibiotic prescribing levels.
- Management of asthma for patients/carers of children with asthma – an expert patient programme will be developed and implemented. The evaluation will study the impact of layperson led expert parent sessions, concordance with medication, parents/carers' confidence level, and the impact on health-seeking behaviour.

Charter changes

The RPSGB's new Council has voted unanimously to reconsider further changes to the new Charter.

Save Our Society campaigner Nick Wood proposed at this week's Council meeting that the Society should tell the Privy Council that it wished to withdraw its Charter petition, pending further consideration by Council and members.

But after a lengthy debate on Tuesday, Mr Wood amended the motion to request that Privy Council be informed Council wished to submit changes after further consultations, "without prejudicing the Council's ability to withdraw the petition". This was agreed unanimously and Council will hold a strategy day on June 30 to discuss it.

Earlier, Gill Hawsworth explained that publication of the DoH's draft Section 60 Order would be delayed, because of the illness of a solicitor. This would give the Society a chance to make minor changes to the Charter before the Order goes out for consultation.

The Privy Council confirmed that minor changes were possible but if the Charter were rewritten it would take months to approve, by which time an unfavourable Section 60 Order may be imposed.

Wood is elected RPSGB president

Nicholas Wood was elected president of the Royal Pharmaceutical Society at this week's Council meeting. Hemant Patel is the new vice-president and John Jolley the new treasurer.

However, Privy Council nominee Michael Schofield failed to become RPSGB president. He had no immediate effect, either, so it was announced that Gill Hawsworth would be replaced as president in mid-2004.

The re-naming Privy Council nominees Alison Munnell and Phillida Entwistle also said they were not happy but would stay until August.

Society devolution should be 'flexible'

New devolution arrangements for the Royal Pharmaceutical Society must be flexible enough to accommodate possible regionalisation in England as well as the special requirements of Scotland and Wales, said RPSGB secretary and registrar Ann Lewis last week.

Miss Lewis emphasised that the consultation process would involve a wide range of stakeholders and outside bodies such as the Royal Colleges, as well as pharmacy.

She was addressing the first of a number of consultative sessions being held by the working group to advise on a framework for the Society's devolution.

Members of the audience, which included representatives of more than half the Scottish branches, told Miss Lewis that the Royal Pharmaceutical Society in



Members of the working group to advise on a framework for the Society's devolution, including RPSGB secretary and registrar Ann Lewis, are shown here with other members of the group.

Scotland should have limited policy making powers on Scottish issues. Other speakers complained that the Society was not proactive

enough in commenting on matters of general healthcare, such as the MMR controversy that had caused great concern for parents.



OTC ad ban to be lifted

Regulations to remove the current ban on advertising certain OTC medicines to the public were laid in Parliament this week.

The Medicines and Healthcare products Regulatory Agency said last year that it would lift restrictions on advertising for conditions such as heart disease, serious respiratory and kidney diseases and serious skin, ear and eye disorders.

For more information:

www.mhra.gov.uk

BM Test 1-44

Roche Diagnostics is discontinuing BM Test 1-44 diagnostic strips.

Although stocks will be depleted by September, the test strips will be listed in the *Drug Tariff* until September 30 to allow pharmacists to dispense any remaining stock.

ZD additions

Atropine Sulphate Injection p/f syringe 3mg per 10ml and NutropinAq Solution for Injection 10mg per 2ml will be added to the *Drug Tariff's* Zero Discount List B from July. If no discount is received for products listed in List B, the prescription should be endorsed ZD.

Welsh election

The Welsh Executive of the Royal Pharmaceutical Society's recent election has seen Nuala Brennan and Paul Grimson elected, and Mair Davies and Sarah Cockbill returned to the Executive.

POLICY

Consortium wins tender to write health strategy

by Asha Fowells

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A consortium of two pharmacy and two public health organisations has been awarded the Department of Health's tender to write England's pharmacy public health strategy.

PharmacyHealthLink, the Royal Pharmaceutical Society, the Faculty of Public Health and the UK Public Health Association will produce the plan, which is due to be published in 2005. Once implemented, the strategy will run for 10 years.

All pharmacists and pharmacy staff who deal with patients will be affected by the plan, not just those working in community, said PharmacyHealthLink chief executive Miriam Armstrong who will sit on the project team.

Funding details would not be included in the work, she added.

A DoH steering group, including representatives from all the major pharmacy bodies, produced the strategy framework prior to the tenders being invited, said Ms Armstrong. The strategy is likely to expand on the profession's role in public health as outlined in the DoH public health White Paper due to be published later this year (*C&D* Feb 7, p4).

Project director Jenny Griffiths explained that the first few months would be spent talking to pharmacists about public health, and where they hoped to be in 10 years' time. Key public health figures will also be interviewed before a conference will be held for interested parties in October. This will form the consultation

process for the strategy content, she said.

PSNC NHS services head Alastair Buxton said much of the information that would come out of the plan was likely to find its way into the new pharmacy contract. "Public health is one of the three key areas of the new contract and hopefully there will be bright ideas from this work that can be added in," he said.

North East London LPC secretary Hemant Patel said a public health strategy for pharmacy was long overdue, but warned that implementing the plan could be an uphill struggle. "The minister must act to ensure resources are available to implement the strategy. A strategy without resources is building people's hopes up only to see them dashed," he said.

Get your 'Skills for the Future' here

Pharmacists wanting to qualify to provide advanced services under the new contract should look for the PSNC-endorsed 'Skills for the Future' package in this week's issue of *C&D*.

The 20-part distance-learning programme, written by Medway School of Pharmacy's Professor Clare Mackie, will be published every two weeks in *C&D* until April 2005. The modules, supported by an educational grant from GSK, will give pharmacists the skills and confidence needed to carry out medicines use reviews.

A Practice Certificate in Medicines Use Review will also be available.

Bad news for cravings

new! Freshmint

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FULL STRENGTH
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helps
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your urge to
smoke

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- ✓ Fresh minty taste

With a £6.5m promotional spend including TV, now's a good time to stock up on Nicorette Freshmint Gum. It's a fresh way to keep your customers coming back for more.

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The UK's best selling stop-smoking brand

fizer

Pharmacists can do more for public health

by Fiona Salvage
f.salvage@cmpinformation.com

Although pharmacists are playing an important role in public health, there are great opportunities for more involvement, a public health expert has said.

Public health is about striking a balance between the individual's requirements and the wider requirements of the population, Professor Jim McEwan, chairman of the UK voluntary register for public health specialists, said at a College of Pharmacy Practice in Scotland meeting in Glasgow last week.

Professor McEwan said the voluntary register had been set up as a first step towards recognising that responsibility for public health did not rest only with physicians but required "rich and diverse" input from a multidisciplinary base.

Pharmacists were already playing an important role and there were great opportunities for substantially more involvement, he added.

Marion Bennie, chairwoman of Scottish Specialists in Pharmaceutical Public Health, said SSiPHI was committed to supporting four main areas of

enhanced involvement for pharmacists: health improvement; networks; skills development; and evidence based practice.

Scott Bryson, Greater Glasgow Health Board pharmaceutical policy advisor, said community pharmacists were increasingly making contributions in the promotion and maintenance of healthy lifestyles; however, the potential was largely unfulfilled.

The profession, he added, needed to strike a better balance between individual patients' needs and those of the population as a whole.

OVERSEAS

Dispensing changes in New Zealand

Many community pharmacists in New Zealand have felt the effects of government regulations requiring them to dispense prescriptions in 90-day instalments.

This has led to a substantial loss of dispensing fees, amounting to the equivalent of £4 per item. There are further changes in the pipeline concerning the registration and regulation of pharmacy practice.

Pharmaceutical Society of New Zealand president Bernie McKone told delegates at the 124th annual conference, held in Palmerston North recently, that the Society would cease to exist in its present form later this year.

A new body known as the Pharmacy Council, with responsibilities for regulating the profession, had been working in tandem with the Society for the past year and would take over in September.

A voluntary association formed by amalgamating various special interest groups, however, would represent pharmacists' interests.

Scotland consults on public smoking

Smoking in public places is the subject of a Scottish Executive public consultation, launched this week by deputy health minister Tom McCabe.

The Executive will consider all options including legislation, but wants the Scottish public's backing for its decision, hence the consultation, Mr McCabe said. Copies of the consultation are available from GP surgeries, libraries and other public venues, he added. "While less than a third of Scottish people actually smoke,

passive smoking has been linked with a range of potentially lethal respiratory conditions, including lung cancer. Many Scots wish to breathe smoke-free air. While we do not wish to curb smokers' personal choice to smoke, the health impacts... must be taken into account.

"The paper contains a range of questions to gauge public opinion on the issue. I want everyone in Scotland to have their say."

For more information:
www.scotland.gov.uk

WHOLESALE

GIRP debates EU

The issue of pharmacy in the enlarged EU was the subject of the European Association of Pharmaceutical Full-Line Wholesalers' AGM in Seville, Spain last week.

This year's conference, *Co-operation – Confrontation in the pharmaceutical market of an enlarged European Union?* focused on strengthening the links between countries and the pharmacy market, finding solutions to work more closely together in the enlarged EU.

PRACTICE

Emergency care group set up

The UK Clinical Pharmacy Association has launched an emergency care practice interest group. The group reflects the development of more primary care-based initiatives for treatment of patients.

The UKCPA says the group would value input from pharmacists working in a primary care organisation, walk-in centre, NHS Direct, Territorial Army or similar initiative across the UK that deals with improving patient access and choice to quality services (including medication). The group aims to share best practice and support pharmacists in these new roles.

Pharmacists interested in joining this group should contact the UKCPA office on 0116 277 6999 or e-mail: admin@ukcpa.com

Questiontime

Sponsored by



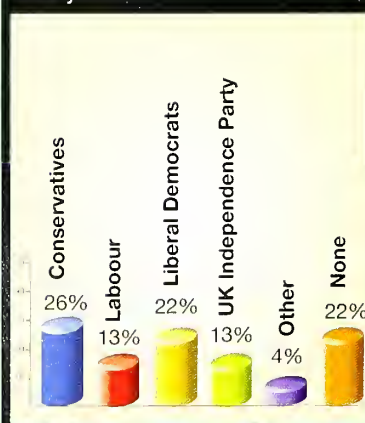
Last week we asked you: "Which political party do you think will best serve pharmacy's interests in Europe?" You replied (see right):

This week's question: How far will the England football team get in the Euro 2004 championship starting this weekend?

● group stage ● quarter-finalists ● semi-finalists
● finalists ● winners

You can record your vote on our website: www.dotpharmacy.com. You have until noon on June 16 to cast your vote. We will publish the results in CSD, June 19.

What you told us



We're expecting blooming great sales again this year.



Zirtek was the fastest growing oral OTC Allergy relief brand during the hayfever season of 2003, outgrowing the market by almost double.*

And remember, Zirtek has so much to offer your customers:

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- ✓ Zirtek offers the convenience of both tablet and solution formats.

**£1 million
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ZIRTEK ALLERGY/ZIRTEK ALLERGY RELIEF

PRESENTATIONS: Film-coated tablets containing 10mg cetirizine hydrochloride

USES: Treatment of seasonal and perennial rhinitis and chronic idiopathic urticaria

DOSAGE AND ADMINISTRATION: Adults and children aged 6 years and over: 10mg daily. Children between 6 to 12 years of age: either 5mg (1/2 tablet) twice daily or 10mg once daily. In renal insufficiency halve the dose to 5 mg (1/2 tablet) daily. Zirtek Allergy Relief. Adults and Children aged 12 years and over: 10mg once daily.

CONTRAINDICATIONS: Hypersensitivity to the constituents. Avoid use in pregnancy and lactation.

INTERACTIONS: To date there are no known interactions. As with other antihistamines avoid excessive alcohol consumption.

SIDE EFFECTS: Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort. Convulsions have very rarely been reported.

PACKAGING/PRICE: Zirtek Allergy: Pack of 21 tablets = £9.95 R.R.P. Pack of 30 tablets = £14.95 R.R.P. Zirtek Allergy Relief: Pack of 7 tablets = £4.45 R.R.P.

LEGAL CATEGORY: Zirtek Allergy: P. Zirtek Allergy Relief: GSL

MARKETING AUTHORISATION NUMBER: PL 08972/0032

MARKETED BY: UCB Pharma Limited, Watford, Herts. WD18 0UH.

For further information please contact: UCB Pharma Limited, UCB House, 3 George Street, Watford, Herts. WD18 0UH. Telephone (01923) 211811. Facsimile (01923) 229002. Email: medicahk@ucbgroup.com

ZIRTEK ALLERGY SOLUTION

PRESENTATIONS: Banana flavoured sugar-free solution containing 1mg/ml cetirizine hydrochloride

USES: Treatment of seasonal allergic rhinitis in children aged 2 years and over, and perennial allergic rhinitis and chronic idiopathic urticaria in children aged 6 years and over.

DOSAGE AND ADMINISTRATION: Adults and children aged 12 years and over: Two 5ml spoonfuls once daily. Children aged 6 to 11 years of age: Two 5ml spoonfuls once daily or one 5ml twice daily. Children between 2 to 5 years of age: One 5ml spoonful once daily or one 2.5ml spoonful twice daily.

CONTRAINDICATIONS: Hypersensitivity to the constituents. Avoid use in pregnancy and lactation.

INTERACTIONS: To date there are no known interactions. As with other antihistamines avoid excessive alcohol consumption.

SIDE EFFECTS: Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort. Convulsions have very rarely been reported.

PACKAGING/PRICE: 200ml Solution = £18.95 R.R.P. 75ml Solution = £7.95 R.R.P.

LEGAL CATEGORY: P

MARKETING AUTHORISATION NUMBER: PL 08972/0033

MARKETED BY: UCB Pharma Limited, Watford, Herts. WD18 0UH.

For further information please contact: UCB Pharma Limited, UCB House, 3 George Street, Watford, Herts. WD18 0UH. Telephone (01923) 211811. Facsimile (01923) 229002. Email: medicahk@ucbgroup.com

ref 1: IMS Pharmatrend week 22 to 30 2002 vs week 22 to 30 2003

ref 2: Day JH et al. J Allergy Clin Immunol 1998; 101, 638-45

ref 3: BNF and MIMS 2003

Clarityn is a registered trademark of Schering-Plough Ltd.

* Zirtek Allergy, at the recommended dose, does not cause drowsiness in the majority of people. However rare cases of drowsiness have been reported.

AAH relaunches Vantage

by Sasa Janković

sjankovic@cmpinformation.com

AAH Pharmaceuticals has re-launched its Vantage Pharmacy brand, splitting its traditional offering into separate packages so pharmacists can match services to individual needs.

Customers can still take the complete Vantage Refresh range, which comprises both Vantage Merchandising and Vantage Product packages, but now they can buy these two elements individually if they wish. Including Product and Merchandising, Vantage Refresh offers local marketing, travel insurance and practice leaflets, and access to refits (including counselling areas), Vantage Health Watch and Vantage fascia and branding.

Vantage Merchandising is made up of planogram implementation by merchandisers, own-label products, MMR, points, plus access to training and uniforms and Vantage Health Watch.

Vantage Product comprises



own-label products, promotions and discounted MMR, plus access to training and uniforms and Vantage Health Watch medicines management. For a further fee, signing up to any of the three packages will give access to extras including the Vantage Health Watch medicines management programme created to meet the changed contract's demand for new and extended services.

AAH says the new-look brand

will be dedicated to healthcare services and business support and provide more flexibility and choice than before.

AAH director of marketing Mandeep Mudhar said: "Our aim is to do all we can to ensure Vantage pharmacists remain right at the forefront of community healthcare, and in pole position to stay ahead of the competition and maximise income from a broader business base."

"We are committed to putting at their fingertips all the services and support required to run a smarter, more professional, more successful and profitable business in the form that best suits their needs."

Pharmacists who still want the complete range will receive the all-embracing Vantage services, with the proviso that they fully participate in everything that drives consumer perception of the brand including uniforms, fascias and external identity.

For more information:

E-mail: Vantage@AAH.co.uk

Tel: Vantage 02476 432000

WHOLESALE

UniChem offers twice-daily GSLs

UniChem has launched a twice-daily delivery on GSL lines, claiming to be the only national wholesale distributor to offer such a service.

Customers who order GSL lines with their medical order in the afternoon will receive the GSL product the following morning, alongside the normal medical delivery. Likewise, orders placed in the morning will be delivered the same afternoon.

With this improved service, UniChem is aiming to assist its customers by promoting the effective management of pharmacy stocks; minimising unnecessary stock holdings, consolidating medicinal transfer orders and reducing the risk of out-of-stocks.

Martyn Ward, sales and marketing director at UniChem, said: "This new initiative has been developed in recognition of the increased competition that pharmacies face within the GSL sector. We aim to be consistently aware of the ever-changing issues that face our customers, and believe that this new delivery service will address the needs of pharmacists within this competitive market, at no extra cost."

INDUSTRY

SSL sells Regent

SSL International is to sell its Regent Infection Control business in a management buyout to Regent Medical Limited, advised by Apax Partners, for £173 million.

Unaudited sales of RIC, which comprises Biogel surgical gloves and Hibi antiseptics, in the year to March 31, 2004, were approximately £120m. The assets being sold include the surgical glove manufacturing and packing facilities in Malaysia. Around 2,081 employees will transfer to Regent Medical.

SSL chairman Ian Martin said: "This is the third and most significant step towards achieving our stated strategy of divesting the medical and industrial glove divisions to focus on our consumer healthcare brands."

New guide from Chip and PIN

The Chip and PIN Programme Management Organisation has launched a guide for businesses entitled *Get Ready for Chip and PIN*.

The guide takes businesses through the implementation process according to whether the terminals used are bank-owned or business-owned. It gives examples of how much fraud could cost

businesses that don't move to chip and PIN in time to meet the liability shift date of January 1, 2005, and covers topics including choosing the right solution for your business, to staff and customer training.

The guide is available as a free downloadable PDF from the chip and PIN website at www.chipandpin.co.uk.

By the end of May, more than two in five UK cardholders had a chip and PIN credit or debit card and 305,000 businesses had switched to chip and PIN.

Sandra Quinn, Chip and PIN spokesperson, said: "Medium sized retail chains need to engage in their implementation programmes now so as not to get left behind."

AZ opens £24m Large Scale Laboratory

AstraZeneca has officially opened its new £24 million Large Scale Laboratory in Macclesfield, Cheshire.

The LSL links laboratory-scale research and development with full manufacturing of new products. It makes the transition of development projects necessary for use in clinical trials and starts to develop the process for their eventual commercial manufacture.

Jan Lundberg, executive vice-president of AZ's global discovery research, said: "Opening the new



LSL marks an important milestone in our programme of investments, both in the UK and

globally, which will help to keep AstraZeneca as one of the world's leading pharmaceutical companies. It will assist in maintaining our high quality portfolio of innovative products for important areas of medical need."

The new LSL replaces earlier facilities on the Macclesfield site and houses 14 staff. It has three floors including laboratories for preparative chromatography.

For more information:

www.astrazeneca.co.uk

NO DELAYS



Unlike steroid nasal sprays, Aller-eze works fast.

When it comes to relief from a hayfever attack, your customers can't wait. With Aller-eze they don't have to. Unlike steroid nasal sprays, which take days to build up and reach maximum effect, Aller-eze works fast. So for a fast, reliable alternative treatment to steroids recommend Aller-eze.



Recommend the No.1 non-steroid nasal spray for hayfever

ALLER-EZE® EYE DROPS (Azelastine Hydrochloride)

Presentation: Eye drops containing azelastine hydrochloride 0.05% w/v. **Indications:** For the treatment of the symptoms of seasonal and perennial allergic conjunctivitis. **Dosage and administration:** Adults, elderly and children over 12: one drop in each eye 2-4 times daily. Not to be used continuously for more than 4 weeks without medical advice. Not recommended for children under 12. **Contraindications:** Proven allergy to any of the ingredients. **Precautions:** Not to be used while wearing contact lenses. Not intended for treatment of eye infections, health professional advice should be sought if symptoms worsen or persist for more than 48 hours after treatment. Use with caution in pregnancy. Not recommended during breast feeding. **Side Effects:** Occasional mild transient eye irritation, less frequently bitter taste. **Legal category:** P. **Trade Price:** £3.56, **Suggested Retail Price:** £5.99. **Product Licence Number:** PL 0030/0205. **Product Licence Holder:** Novartis Consumer Health, Wimblehurst Road, Horsham, West Sussex RH12 5AB. **Date of preparation:** March 2004.

ALLER-EZE® NASAL SPRAY (Azelastine Hydrochloride)

Presentation: Nasal spray containing azelastine hydrochloride 0.1% w/v. **Indications:** For the treatment of seasonal allergic rhinitis (e.g. hay fever) and perennial allergic rhinitis. **Dosage and administration:** Adults, elderly and children aged 5 years and over: One application in each nostril twice daily. Not to be used continuously for longer than 4 weeks without medical advice. Not recommended for children under 5. **Contraindications:** Hypersensitivity to azelastine hydrochloride or benzalkonium chloride. **Precautions:** Not to be used to relieve symptoms of upper respiratory tract infections. Use with caution in pregnancy and breast feeding. **Side Effects:** Bitter taste after administration (often due to incorrect method of application) leading in rare cases to nausea. Rarely, symptoms of local irritation such as stinging, itching, epistaxis. **Legal category:** P. **Trade Price:** £3.56, **Suggested Retail Price:** £5.99. **Product Licence Number:** PL 0030/0201. **Product Licence Holder:** Novartis Consumer Health, Wimblehurst Road, Horsham, West Sussex RH12 5AB. **Date of preparation:** March 2004.

Novartis Consumer Health, Wimblehurst Road, Horsham, West Sussex RH12 5AB.

Association will represent the specials companies

by Sasa Janković

sjankovic@cmprinformation.com

A new organisation comprising suppliers of commercial specials in the UK has been set up to represent the interests of the industry.

The Association of Commercial Specials Manufacturers includes as its members Baxter Healthcare, BCM Specials Manufacturing, Clinovia, Dabur Oncology, Eldon Laboratories, Fresenius Kabi, Intra-Tech Healthcare, Martindale Pharmaceuticals, Nova Laboratories, Rosemont Pharmaceuticals and The Specials Laboratory.

Jonathan Fawdry, ACSM chairman, director and general manager of Eldon Laboratories, said: "Our members operate in an ever changing and very competitive market. We are committed to working together to promote high standards and raise

awareness of specials as an important therapy option which provides prescribers with a choice of bespoke medicines to meet individual patient needs safely, speedily and conveniently.

"I look forward to developing productive and cordial relationships both within the industry and with related bodies and representatives and would be glad to hear from other specials manufacturers who may wish to seek membership."

For more information:

Tel: 0191 271 8911

● The Specials Laboratory has been crowned North East Small Business of the Year 2003 at the regional final of the North East Business Awards.

"Winning the regional heat was fantastic but to win the title of North East Small Business of the Year 2003 is an amazing achievement," said Fiona Cruickshank, managing director



Jonathan Fawdry: Committed to working together

of The Specials Laboratory.

"We are a relatively young company but in our five years have accomplished so much. We are very proud to accept the award and fly the flag for all small North East businesses."

Buyers guide

Charles Russell Solicitors has produced a free guide for buyers and sellers of pharmacy businesses.

Pharmacy Business – A Guide for Buyers and Sellers covers issues such as structuring the sale and purchase, change of ownership, relocation and tax allowances. For a copy contact Charles Russell Solicitors on tel: 020 7203 5000.

Sandoz buys Sabex

Novartis's generics arm Sandoz has bought Sabex Holdings, Canada's sixth largest generics manufacturer, for £306 million. Sandoz said the buy would help it expand its injectable drugs business and gain entry into Canada. Sabex had sales of £49m last year.

5,000 face trial

Over 5,000 people face trial in Italy over alleged bribes offered to doctors and pharmacists to promote GSK's Hycamtin anti-cancer drug.

Those facing charges include 4,000 doctors and the 273 GlaxoSmithKline employees who, Italian police claim, offered them 'sweeteners' of cameras, computers, books, wine and cash to dissuade them from prescribing rival products.

Penn celebrates

Pharmaceutical services company Penn is celebrating its 25th anniversary. In 2003 it won the Queen's Award for Enterprise in International Trade and has been listed in the Deloitte Fast Growth 50 table every year for the past six years. Penn employs around 170 staff at its 60,000sq ft facility in Tredegar, South Wales.

Ultralife signs EMT

Healthfood manufacturer Ultralife has signed up pharmacy wholesaler EMT Healthcare to distribute its range of nutritional supplements and healthfoods.

Ultralife's products are fruit flavoured drinks made from the ultralife product and water, and include Ultra Daily Detox, Ultra Multi-Vites, Ultra Antioxidant, Ultra Shakes and Ultra Max.

Best in show

Afga's d-lab.1 has won the 2004/2005 Technical Image Press Association Award as the Best Digital Minilab in Europe. The jury based its decision on the product's all-in-one concept with the unit's small space requirement, as well as the high print capacity and print quality.

Five Norfolk buys for Co-op Group

Co-operative Group Pharmacy has bought five pharmacies in Norfolk from Typharm Limited for an undisclosed sum.

A total of 20 staff from Aele Pharmacy, Brundall Pharmacy and Poringland Pharmacy, all near Norwich, and WT Pyper Pharmacy in Great Yarmouth and Buckingham Chemist in Gorleston-on-Sea will transfer to the Co-operative Group.

John Makepeace, Co-operative Group Pharmacy's general manager, said: "Co-operative Group Pharmacy is already among the UK's leading independent pharmacy chains, and these acquisitions are part of our programme of development and expansion."

"All these pharmacies provide valuable services to their local communities and we will build on that by enhancing those services and offering improved ranges, presentations and promotions."

All five branches will be rebranded.

by Gary Falson
Director of the
Carbon Trust
presented GSK's chief
director Andy
Davies with the
Carbon Trust's
Smart Companies
award at the GSK
Horsham Production
Facility. GSK is
working to reduce its
carbon footprint.



(INDUSTRY)

Centre to cut animal tests

The Government is to establish a national centre for research into animal welfare, focusing on reducing the number of animals used.

The National Centre for the Replacement, Refinement and Reduction of Animals in Research, will report to the Office of Science and Technology. Lord Turnberg, scientific adviser to the Association of Medical Research Charities, will chair the board, with vice-chair Professor Paul Flecknell, professor of laboratory

animal science at the University of Newcastle upon Tyne. The board is expected to include representatives from animal welfare groups, industry, scientists and government.

Announcing the centre, science and innovation minister Lord Sainsbury said: "While I believe that animals still need to be used in research and testing, I also believe strongly that a major opportunity now exists to make progress in replacing, refining and reducing the use of animals."

care



HAYFEVER RELIEF AT A PRICE NOT TO BE SNEEZED AT



Care Hayfever Relief offers the efficacy of the major brands but at a sensible price that will appeal to your customers, whilst still giving you an excellent POR. One of a comprehensive range of products designed specifically for pharmacy recommendation, the quality and value offered by Care Hayfever Relief inspires profitable customer loyalty. If you stock up now, you'll also benefit from our extensive, new-look trade and consumer campaign in 2004. Your Care representative has all the details.

Quality medicines at sensible prices.

Care Cetirizine Hayfever Relief 10mg Tablets Presentation: Film coated tablets each containing 10mg Cetirizine dihydrochloride. **Indications:** Symptomatic treatment of allergic rhinitis and chronic idiopathic urticaria. **Dosage:** Adults and children over 12 years: One tablet daily. Children 6-12 years: One tablet daily, or half a tablet taken morning and evening. Children weighing less than 30kg: One half tablet taken once daily. **Contra-indications:** Severe renal impairment, hypersensitivity to any ingredient, children under 6 years old. **Warnings and Precautions:** Long term treatment may increase risk of caries, due to mouth dryness. Elimination of Cetirizine may be impaired by reduced hepatic and renal function. Cetirizine may potentiate the effects of alcohol. Caution is recommended with concomitant use of CNS depressants. **Interactions:** Cetirizine may interfere with allergy testing. **Potential of the effects of alcohol:** Concomitant use of CNS depressants. **Pregnancy and lactation:** Prescribe with caution to pregnant women. Cetirizine should be avoided during lactation. **Effects on ability to drive and to use machines:** Cetirizine may have minor or moderate influence on a patient's ability to react. **Undesirable effects:** Dry mouth, headache, dizziness, drowsiness, somnolence, agitation, abdominal complaints, digestive disorders. **Exceptionally allergic reactions:** including cutaneous reactions and quins's oedema. **Legal category:** P. **Marketing Authorisation Number:** PL4569/0494. **Marketing Authorisation holder:** Generics [UK] Ltd, Station Close, Potters Bar, Herts EN6 1TL. **Trade price:** £1.70 (ex VAT). **Pack size:** 7 tablets. For further information contact the Marketing Authorisation Holder. **Date of preparation:** April 2003. T&R04.

Care Hayfever Relief Nasal Spray Beclomethasone 50mcg per Metered Spray Presentation: Beclomethasone Dipropionate Aqueous Nasal Spray, 50 micrograms per spray. **Indications:** Treatment of hayfever. **Dosage:** Adults over 18 years: Squirt two sprays into each nostril, twice daily. On control of symptoms, one spray into each nostril twice daily may be effective. Do not use more than eight sprays in 24 hours. Use regularly for maximum benefit. Consult a doctor after 10 days if no improvement. Do not use for longer than 3 months without medical consultation. **Contra-indications:** Hypersensitivity to any ingredient. **Warnings and Precautions:** Nasal passage infections and paranasal sinuses should be treated appropriately. Caution is needed if transferring from systemic steroid to Beclomethasone treatment. Additional therapy may be required to control symptoms in cases of abnormally heavy challenge of allergy. Systemic effects may occur. Growth retardation has been reported in children. Growth rate and dose should be monitored and reviewed to produce an effective maintenance dose, higher than recommended doses may result in adrenal suppression. Do not use for longer than 3 months without medical consultation. **Pregnancy and lactation:** Safety in pregnancy and breastfeeding has not been established. Medical assessment is required before use. **Undesirable effects:** Systemic effects, including hypothalamic-pituitary-adrenal suppression, and growth retardation in children. Rarely, nasal septal perforation, raised intra-ocular pressure or glaucoma, dryness and irritation of the nose and throat, unpleasant taste or smell, and epistaxis. **Legal category:** P. **Marketing Authorisation Number:** PL4569/0326. **Marketing Authorisation holder:** Generics [UK] Ltd, Station Close, Potters Bar, Herts, EN6 1TL. **Pack size:** 200 metered sprays. **Trade price:** £2.34 (ex VAT). For further information contact the Marketing Authorisation Holder. **Date of preparation:** April 2003. T&R04a.

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Last week's question was: Which political party do you think will best serve pharmacy's interests in Europe?

"The Lib Dems because they're more socialist than the Labour party at the moment and will do more for the NHS"

Anon, Cambridge

"Pharmacy is seen as the poor relation in the medical field and is in such a mess, who would possibly be interested in sorting it out at an international level?"

Mr Brown, Maidstone

"The Lib Dems because they haven't had a go yet and the others have made a mess"

Paul McIntosh, Huddersfield

Comment

from the Editor

Empowering patients to take greater responsibility for their health is a key aim of many governments.

Speakers at last week's AESGP conference (page 34) described how funding healthcare from 'cradle to grave' was stretching the resources of even the most robust economies. Their estimate that if just 5 per cent of prescribed medicines were switched to OTC it would save over €16 billion across Europe, will be welcomed by health departments.

The UK Government's policy on self-care, however, was held up as a shining light. The commitment in the *NHS Plan* to make more OTC products available, the MHRA's ability to turn around switch applications quickly, and the prospect of OTC simvastatin all point to a DoH drive to increase health awareness in consumers and to help relieve the burden on the NHS and its health professionals.

So the news that the DoH is helping fund a self-care study in Erewash PCT in Derbyshire should be welcomed, as is the commitment to invite all pharmacists in the area to take part. Further, the launch of PSNC's 'Skills for the

Future' in this week's issue will ensure pharmacists are fully accredited to review patients' medicines including OTC drugs.

Pharmacists should welcome the opportunity to participate in the scheme and show they can deliver real health outcomes but the Government must match this commitment.

The current deadlock in agreeing funding for the new pharmacy contract, the lack of information over how generics will be funded, and the prospect of change to pharmacy control of entry regulations has left contractors wondering if they will still be around to advise consumers on their OTC purchases.

Pharmacists should welcome the chance to participate, but the Government must match this commitment

Your views

Please e-mail your views to chemdrug@cmpinformation.com

Algesal is alive and well, just in new hands

As the general manager of Zeroderma Ltd, a company that recently took over the product Algesal from Solvay Healthcare, I was surprised to read of *Xrayser's* disappointment and belief that Algesal had been discontinued.

This has never been the case – the product continues to be readily available through the wholesale trade – indeed my colleagues at Solvay Healthcare inform me that they wrote to the *Price List* in

April announcing the change of ownership.

I wonder if there has been a misunderstanding with a similar product, Intralgin, which 3M Healthcare announced it was discontinuing in February 2004?

In any event, I agree wholeheartedly with *Xrayser's* general sentiment that it is "a worthwhile product and unbelievably cheap".

Perhaps I could take this opportunity to thank *Xrayser*

and all other community pharmacists for their support as we have seen a significant increase in the use of this product in recent weeks.

In a further attempt to keep pharmacists and GPs informed we have written (May 1) to all pharmaceutical advisers within PCTs and health boards in the UK.

Paul Gibbons,
general manager,
Zeroderma Ltd.

HOSPITAL
REPORTShow me
the money

"Record levels of funding of NHS in Scotland" run the headlines. So why doesn't it feel like it on the ground? Where is the money going?

Most health boards seem to have major budget deficits this year. Trusts have gone, but instead of resources being freed up, they seem to have disappeared. Greater Glasgow is short of about £58m and wants to close one hospital and downgrade two others. Argyll and Clyde has already downgraded one hospital and has just published plans to downgrade a second. The hospital which is supposed to take on the extra workload is already bursting at the seams and struggling to cope.

What other solutions has the NHS come up with? Posts are being frozen and perhaps replaced three months later, if at all. Centralisation of certain services has been suggested. Implicit in both of these is that there will be a loss of staff. While all this is happening, consultations are being issued by the health department

Posts are being
frozen and
perhaps
replaced three
months later

about leadership and ensuring staff are fit for purpose.

Two staff surveys have shown that the biggest complaints are stress, overwork and bullying. So, instead of addressing these problems which undermine the ability of staff to perform at their best, the answer appears to be to increase workload and reduce staff.

It makes a complete mockery of the surveys and of the Staff Governance Standard which, since May 2004, is a legal obligation on NHS Scotland employers. After all this, is it any wonder that staff levels of apathy are increasing and enthusiasm is being drained? Where is this record breaking funding? Does anyone know? Answers on a postcard please.

Written by a senior hospital pharmacist

TOPICAL REFLECTIONS

The cost of compliance

All our local surgeries now only prescribe 28 days' supply of medication, which must be saving the NHS money and is good for my business, but I am becoming increasingly worried about the effect it is having on patient compliance. I am making far too many emergency supplies to patients who have run out of regular medication and a lot of patients are simply going without important drugs while waiting for further supplies.

Because of the administrative time needed to generate and dispense a prescription, repeat requests must be made well ahead of running out of medication. For some of the most vulnerable patients, who perhaps post their repeat request and have their medication delivered, it could be up to a week between posting their request and receiving their drugs (depending on the post and when the

weekend falls). So these patients must remember to re-order their drugs just three weeks after they receive a fresh supply. Things are further complicated if different drugs run out at different times. This level of forward planning and co-ordination is simply beyond many patients.

Because the system is so inflexible, patients going away for over three weeks have to make a number of repeat requests close together in order to 'stockpile' their medication.

I would be interested to know how much money the NHS is saving by this switch to 28-day supplies. Only time will tell how much it is losing (and how patient health is deteriorating) as a result of this reduced compliance. The solution, which can't come too soon, is repeat dispensing by the pharmacy.

The nightmare that could get worse

The discovery that their local GPs are moving to new premises and have already made arrangements that do not involve their local pharmacy must be every contractor's worst nightmare. I imagine the contractors in Macclesfield who faced this scenario (*C&D June 5, p4*) were distinctly unimpressed when they found out, but full marks to them for clubbing together to find the best solution.

It seems that the silver lining to this story is that the LPC now has a better relationship with its PCT, which hopefully will avoid similar situations in future. But it just goes to show how pharmacists are still considered second

class citizens in discussions of this nature.

If the control of entry regulations had already changed this may have been a completely different story. It could have been a free-for-all among the local contractors, or even open shop for every pharmacy body in the country. Without extremely good relationships between all involved, and a much improved perception of pharmacists' value, the pharmacy would probably have gone to the highest bidder. This highly competitive, commercially driven bun fight would have further reinforced the image of pharmacists as second class retailers.

Atkins angst

I was surprised to see a full page advert for the Atkins diet in last week's issue. Is this a ploy by the Atkins company to try and get healthcare professionals' support for its distinctly unhealthy diet?

There doesn't seem to be any doubt that this diet aids weight loss, but I have not seen any support for the programme from reputable organisations. The basic principle of a diet high in protein and fat and low in carbohydrate flies in the face of conventional wisdom about what constitutes a healthy diet. It's no wonder that the programme carries no endorsements other than from super skinny celebrities.

I have been asked about this diet by patients and it is important that I can explain how it works, but it is not something I will endorse. An educational article on the principles behind the programme is useful reading for pharmacists but I question the ethics of outright promotion.

While we shouldn't promote the scheme to patients, it's up to us what we eat and I wonder whether perhaps the ad was aimed more specifically at fat pharmacists?



Hay fever project launched

Five pharmacies in East Cleveland are providing hay fever advice and medication through a pilot project funded by the local PCT.

The initiative allows pharmacists to supply hay fever products from a formulary to patients who pay prescription charges as well as those who are exempt. Posters, leaflets and local newspaper coverage have supported the project and around 40 people accessed it during its first two weeks.

Pharmacists are paid £3.50 per

consultation, plus the cost of any medication supplied to patients exempt from prescription charges. Patients who pay prescription charges need to purchase any recommended products.

The formulary includes beclomethasone nasal spray, chlorphenamine and loratidine in tablet and syrup form, cetirizine tablets and sodium cromoglicate eyedrops.

If considered successful when audited at the end of the hay fever season, the project will be rolled

out to all 14 pharmacies in the PCT some time next year, said Langbaugh PCT prescribing support pharmacist Elizabeth Walker. Other minor ailments projects, including a winter ailments scheme, could follow, she added.

Participating pharmacist Gemma Bays from Boots in Guisborough said: "It seems to be going really well. Patients are pleased because it's easier than going to the doctor, and I think it's a good use of my skills."

No automatic pre-reg place pledge

Pharmacy students cannot expect an automatic right to a pre-registration place, pharmacists were told at the RPSGB last month.

"We are aware there is and has been an issue over pre-registration places," RPSGB treasurer Linda Stone said in a pre-AGM debate. "With the increasing number of schools of pharmacy, we advise that there is no infinite number of pre-registration places or any guarantee that students will have a place when they graduate."

Mrs Stone, who has also

chaired the Society's education committee, said the Society was having discussions about how the number of places could be increased, and in particular how the second placement could be facilitated. There have been difficulties with this as it is relatively expensive, she said.

However, Graham Phillips said as a community pharmacy proprietor he felt obliged to offer pre-registration places, as the overall aim was to increase the number of qualified pharmacists.

Philip Green, deputy secretary

and registrar, pointed out that the number of pre-registration places was higher than it has ever been, but added: "But this is something the Society cannot control on its own. We have had discussions with other pharmacy bodies, the multiples and the Department [of Health]."

The responses had been prompted by a question from the floor from a community pharmacist who pointed out that very few independent community pharmacists were unwilling to take on a pre-registration student.

Update your equal pay systems

Employee systems company Mitrefinch is urging UK companies to ensure their pay systems mean equal pay for male and female employees.

Thirty years after the *Equal Pay Act*, statistics show discrimination still happens in the UK, with some women working full time earning an estimated 18 per cent less than their male counterparts.

Debbie Guppy, business manager at Mitrefinch, said: "Equal pay systems have become increasingly complex, value judgement has to be made about the proper pay for individual employees."

Mitrefinch's *Equal Pay* computerised system enables companies to check that they are not in breach of the *Equal Pay Act*.

For more information:
www.mitrefinch.co.uk



European pharmaceutical goods carrier Pulleyn Transport has bought four Mercedes Sprinters for transporting sensitive pharmaceutical consignments between production facilities and industry wholesalers.

LEGAL

Sabril date extended

The cut-off date for patients wishing to join the group legal action against Aventis for vigabatrin side effects (*C&D Mar 20, p6*) has been extended.

Solicitor Tim Roper of Plymouth law firm Wolferstans, said: "As a consequence of the overwhelming response, we have

now postponed, by mutual consent, the cut-off period until September 17." Mr Roper said he currently had around 100 clients claiming they suffered irreversible visual field defects after taking the anti-epilepsy drug Sabril, and expected another 100 to 200 to come forward.

Product Information. Presentation: Each Zanol 10mg Tablet contains 10 mg of omeprazole. **Uses:** Relief of reflux-like symptoms (eg heartburn). **Dosage:** Adults over 18 years only – 20 mg once daily before a meal. May be reduced to 10 mg daily, returning to 20 mg if symptoms return. Use lowest effective dose. **Contraindications:** Hypersensitivity, pregnancy/lactation.

Precautions: Refer to doctor if no relief within 2 weeks, continuous use for 4 or more weeks to control symptoms, aged over 45 with new or recently changed symptoms, unintentional weight loss, anaemia, gastrointestinal bleeding, difficult or painful swallowing, persistent vomiting or vomiting with blood, epigastric mass, previous gastric ulcer or surgery, jaundice, any other significant medical condition (including hepatic or renal impairment), or pre-endoscopy. **Interactions:** Diazepam, phenytoin, warfarin, ketoconazole, itraconazole, cilostazol, voriconazole, digoxin, tacrolimus, ¹³C-urea breath test.

Side effects: Skin rash, urticaria, pruritus, photosensitivity, bullous eruption, erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis, alopecia and increased sweating. Arthritic and myalgic symptoms, bronchospasm, diarrhoea, constipation, abdominal pain, nausea/vomiting, flatulence, dry mouth, stomatitis and candidiasis. Increases in liver enzyme levels, encephalopathy in patients with pre-existing severe liver disease, hepatitis with or without jaundice and hepatic failure. Interstitial nephritis resulting in acute renal failure, gynaecomastia, impotence, headache, paraesthesia. Taste disturbances, mental confusion, agitation, depression, aggression blurred vision, blood disorders, hyponatraemia, vertigo, anaphylactic shock and angioedema, dizziness, light-headedness, feeling faint, somnolence, insomnia, peripheral oedema, malaise and fever. **Legal Status:** P. **Retail Selling Price:** 14 Tablets £9.49. **Product Licence Number:** PL 14017/0069. **Licence Holder:** Dexcel-Pharma Ltd, 1 Cottesbrooke Park, Heartlands Business Park, Daventry, Northamptonshire, NN11 5YL. **Date of Preparation:** November 2003. ZANPROL is a trade mark of the GlaxoSmithKline group of companies.

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GlaxoSmithKline
Consumer Healthcare

At long last

Now you can give recurrent heartburn sufferers a real break with a simple short course of Zanol.

Taken once daily, Zanol can provide relief from heartburn and, after treatment, can give weeks of remission from recurrent attacks.¹



A real break from recurrent heartburn

Keep them well protected

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MALARONE ▼
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Simple dependable malaria protection

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Prophylaxis should commence 24-48 hours prior to entering a malaria-endemic area, continued during the period of stay (maximum of 28 days) and for 7 days after leaving the area. The efficacy and tolerability of Malarone and Malarone Paediatric Tablets have been established in studies of up to 12 weeks in semi-immune residents of endemic areas. Treatment: Adults >40kg: Four Malarone (250/100mg) tablets as a single dose for three consecutive days. Children 11-20kg: One Malarone (250/100mg) tablet daily for three consecutive days; 21-30kg: Two Malarone (250/100mg) tablets as a single dose for three consecutive days; 31-40kg: Three Malarone (250/100mg) tablets as a single dose for three consecutive days; >40kg: Adult dose. The once daily dose should be taken at the same time each day with food or milky drink. If patients are unable to tolerate food, Malarone or Malarone Paediatric should be administered, but systemic exposure of atovaquone will be reduced. Repeat dose if patient vomits within 1 hour of dosing. Malarone Paediatric tablets should be swallowed whole but may be crushed and administered with food. Contra-indications: Hypersensitivity to atovaquone, proguanil hydrochloride or any component of the formulation. Severe renal impairment (creatinine clearance < 30mL/min) when used for prophylaxis. Precautions: Prophylaxis: The efficacy and tolerability of Malarone Paediatric Tablets for prophylaxis in

children <11kg has not been established. Diarrhoea or vomiting was not associated with reduced efficacy but patients should comply with personal protection measures. Treatment: Alternative therapy to Malarone tablets should be considered in patients with acute malaria with diarrhoea or vomiting. The efficacy and tolerability of Malarone tablets for malaria treatment in children <11kg has not been established. Malarone Paediatric Tablets are not suitable for the treatment of acute, uncomplicated P. falciparum malaria. Malaria caused by P. vivax or P. ovale should be treated with an additional agent to Malarone tablets. Alternative treatment is recommended for patients with severe renal impairment (creatinine clearance < 30mL/min) with acute P. falciparum malaria. Interactions: Concomitant administration with metoclopramide, tetracycline, rifampicin or rifabutin reduces levels of atovaquone. Concomitant administration with indinavir reduces indinavir levels. Pregnancy & Lactation: The safety of atovaquone and proguanil hydrochloride when administered concurrently for use in human pregnancy is unknown. Balance risks against benefits. Not recommended for use in lactation. Adverse reactions: Prophylaxis: Most commonly reported in clinical trials for Malarone: headache, abdominal pain, diarrhoea. Commonly reported (> 1/100) in clinical trials for Malarone Paediatric: abdominal pain, diarrhoea, fever, nausea, vomiting and headache.

However, in placebo controlled trials all these events occurred at similar rates in the Malarone and Malarone Paediatric groups compared to placebo groups. Treatment: Most commonly reported in clinical trials for Malarone: abdominal pain, headache, anorexia, nausea, vomiting, diarrhoea, coughing. Legal category: POM Presentation and Basic NHS Cost: 12 Malarone tablets £22.92, 12 Malarone Paediatric tablets £7.64 Marketing Authorisation Number: PL 10949/0363, PL 10949/0258 Marketing Authorisation Holder: Glaxo Wellcome UK Ltd, Stockley Park West, Uxbridge, Middlesex UB11 1BT Further information is available from: Customer Contact Centre, GlaxoSmithKline, Stockley Park West, Uxbridge, Middlesex UB11 1BT; customercontactuk@gsk.com; Freephone 0800 100 9997. Visit us at www.vaccines.co.uk

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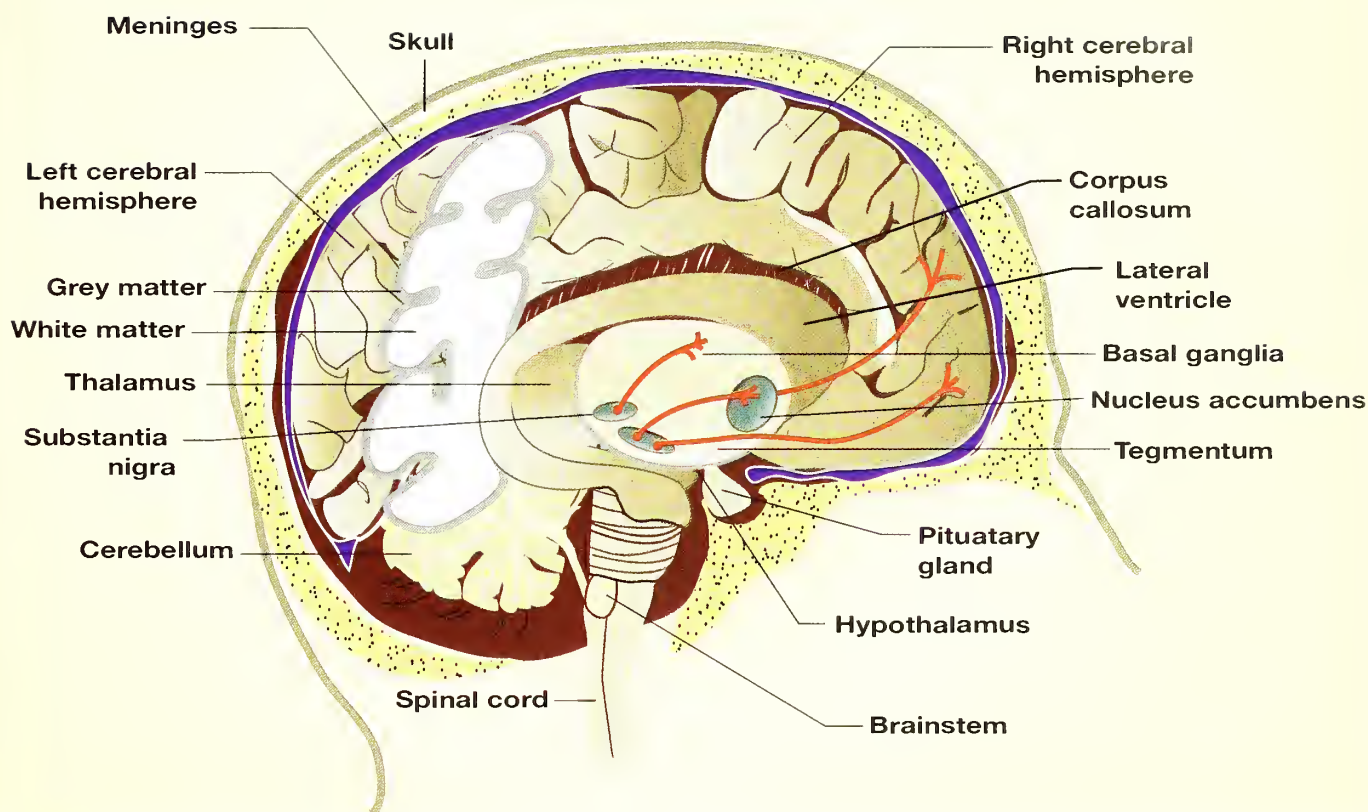
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The fact that parts of our brains are constantly changing may make us prone to depression but might offer targets to treat degenerative diseases, says *Mark Greener*

The plastic brain

Cross-section of the brain



The notion that the human brain can undergo “plastic” changes has influenced research into conditions such as Parkinson’s disease. Elements of one dopamine pathway, the mesolimbic pathway, which extends from the tegmentum to the nucleus accumbens can be seen here

The great Spanish neuro-anatomist Santiago Ramón y Cajal (1852-1934) commented that, in adults, CNS pathways are “fixed, and immutable: everything may die, nothing may be regenerated”.

The idea of a hardwired, unchanging brain became as fixed in medical lore as the nerve paths were supposed to be. Until the 1990s, most neurologists believed that the adult CNS could regenerate, in general, only through post-mitotic changes – such as axon sprouting and altered expression of neurotransmitters and their receptors. The brain did not replace dead or dying nerves.¹

Certainly some CNS pathways, such as motor neurones, need to remain stable. Nevertheless, the

first hints that the brain might not be as hardwired as it appeared, emerged in 1965. And, since the early 1990s, a growing and increasingly compelling body of evidence suggests that neurones are born throughout life, at least in those parts of the CNS that process and store new information. Moreover, other parts of the brain undergo a variety of structural – so-called “plastic” – changes.

This increasing recognition that the brain is, at least in parts, malleable offers new insights into CNS development as well as the neurological basis for memory, learning and addiction. The studies also raise the prospect of developing new strategies for

difficult-to-treat conditions ranging from depression to Parkinson’s disease.

Neurogenesis (the formation of new neurones) is, obviously, critical during foetal and child development. Synaptogenesis (synapse formation) is especially marked during the last trimester of pregnancy and for several years following birth, for example. Although far less active, adult neural stem cells can still produce functional neurones and glial cells. The latter help support and protect nerves. For instance, one type of glial cell – a type of astrocyte – moves to brain areas

damaged by trauma, infections or degenerative diseases.²

While all brain areas seem able to undergo at least some plastic changes, most neurogenesis occurs in the hippocampus and an area of the lateral ventricle called the subventricular zone (also known as the subependymal zone). Whether neurogenesis occurs outside these areas in the normal brain remains controversial. Nevertheless, there are hints – currently unconfirmed as the evidence is mixed – that the cortex and substantia nigra may also undergo active neurogenesis.^{1,2}

In the hippocampus, neurogenesis allows adults to

Continued on page 22 ►



Neurogenesis (the formation of new neurones) is critical during a child's development. Synaptogenesis (synapse formation) is pronounced during the later stages of pregnancy and for several years following the baby's birth

process and store information drawn from a changing environment. In the hippocampus, for example, ongoing neurogenesis contributes to learning and memory. Learning a motor skill increases the number of synapses per neurone in the motor cortex and cerebellum.

Exposure to complex environments increases the numbers of synapses and dendrite spines. These small protrusions are the main postsynaptic targets for excitatory synapses. Changes in the number and patterns of dendrite spines seem to play a central role in learning and memory. On the other hand, mild and repetitive stimulation, such as that from a bland, uninteresting environment, weakens synapses.³

Neurogenesis also replaces dead and dying hippocampal neurones. For example, rodents with high levels of excitatory neurotransmitters, which promote neuronal growth and mechanical damage trigger an eightfold increase in neurogenesis in an area of the hippocampus called the dentate gyrus. Indeed, in animal models focal strokes

seem to trigger cell proliferation in areas of the brain that normally do not show marked neurogenesis. This raises the prospect, currently unconfirmed, of using stem cells to promote therapeutic neurogenesis in degenerative diseases and following stroke or injury (see below).

The architecture of the cerebral cortex – the grey matter that receives sensory inputs and in which, to paraphrase Ambrose Bierce, we think we think – seems to facilitate plastic changes. The cortex's arrangement – a dense network of interconnected horizontal and lateral fibres – promotes both rapid and more sedate plastic changes. Rapid changes can occur, for example, when environmental stimuli activate latent connections and silent synapses. Such changes allow us to acquire more information rapidly. Neurogenesis, as well as the formation of new synapses, can take considerably longer, but creates space for new learning by consolidating the rapid changes.³

There is, however, a fundamental difference between

neurogenesis in adults and during development. In mature brains, neurones need to form synapses with existing circuits without disrupting CNS function. As a result, connectivity is carefully coordinated. New nerves, for example, do not become excitable until relatively late in their development.¹ Indeed, the new cells need to overcome considerable molecular resistance to join an existing pathway. As mentioned later, this may hinder the use of neural stem cells in the clinic.²

Addiction

Research into brain plasticity is of more than academic interest. Understanding brain plasticity can help predict outcomes following trauma or stroke. Moreover, brain plasticity seems to contribute to some of the most pervasive psychiatric problems, such as addiction and depression.

For example, drugs of abuse seem to lead to addiction largely through their effects on the nucleus accumbens (NAc) and ventral tegmental area (VTA). These form part of the

mesolimbic dopamine system, a key area involved with learning through reward, reinforcement and motivation. Cocaine and other drugs of abuse seem to trigger long-term plastic changes in excitatory synapses in the NAc and VTA (see also *C&D Pharmacy Update*, December 20/27, 2003, pp17–19).⁴

Furthermore, the striatum initiates actions and aids the performance of them in sequence as well as contributing to habit formation. Drugs of abuse lead to plastic changes in neurones that release the excitatory amino acid glutamate. Such changes may encourage the addict to form new habits centred on the drug as well as disrupting behaviours that help prevent addiction in people who don't become hooked.⁵

Depression

To take another example: physical, sexual and psychological abuse during childhood increases the risk of depression, anxiety, addictions and other mental disorders in later life. Children's brains are, of course, particularly plastic, which facilitates learning. Unfortunately, emotional and psychological trauma during this time of peak plasticity could leave the stress response systems especially sensitive.⁶ This increases the likelihood that a life event – such as bereavement or unemployment – will trigger an episode of depression as an adult.

These plastic changes might also help explain why depression can develop into a chronic condition with numerous remissions and exacerbations. The tendency to depression becomes entrenched in the brain's neural architecture.

Indeed, major life events often precede an episode of depression. Stress promotes the release of several hormones and mediators including glucocorticoids, glutamate and nitric oxide. These mediators decrease neurogenesis and influence synaptic remodelling in the hippocampus.^{7,8} So brain imaging shows that hippocampal volume declines as the amount of a patient's lifetime, during which they endured depression, increases.

Furthermore hippocampal volume declines in patients with chronic depression, but not in those who recovered.

Obviously, stress and other environmental factors interact on the genetic susceptibility to depression. Some people may have a greater susceptibility to stress-related remodelling,

perhaps reflecting differences in expression of cytokines that control remodelling or their receptors.⁸ This might help explain why we differ so markedly in our response to stress.

Antidepressant treatment seems to reverse the stress-related changes seen in the hippocampus.⁷ However, alterations in the hippocampus's ability to undergo plastic change could hinder recovery from an exacerbation. An inability to produce new brain cells or connections might prevent the formation of the new mental processes and strategies that are critical for recovery.⁸

Conventional antidepressants may act at least in part by modulating synaptic plasticity. For example, the pathway connecting the cortex and limbic system seems dysregulated in patients suffering from anxiety and mood disorders. The dysregulation undermines the co-ordinated relationship between the cortex and the limbic system. Chronic fluvoxamine seems to enhance long-term plasticity in this "limbic-cortical" pathway. Such actions may contribute to SSRIs' effects.⁹

Such studies might help explain why antidepressants can take three to six weeks before exerting their full effect. This delay suggests that actions other than the drug's effect on monoamines, such as serotonin or noradrenaline, partly underlie the therapeutic benefits. For example,

the delay might partly reflect the time needed for new neurones to mature and integrate in the brain.

Future generations of antidepressants may directly influence plasticity. Drugs modulating the actions of – for example, glucocorticoids, glutamate or a variety of other signalling systems – could enhance neuronal plasticity and maintain normal synaptic connectivity. This approach may be more effective in patients with difficult-to-treat depression than conventional drugs that alter levels of monoamine transmitters.¹⁰ However, such advances are several years from the market.

In the meantime, research into stem cells as potential treatments for serious neurological disorders, such as Parkinson's disease, seems set to capture the headlines. The immense interest among clinicians and the lay media reflects the undoubted therapeutic potential, although numerous technical issues remain. The attention also reflects the plethora of ethical and political concerns surrounding the use of foetal tissues and embryonic stem cells.

Using endogenous stem cells overcomes some of these technical, political and ethical limitations. Infusions of the growth factors that stimulate the stem cells to neurogenesis offer one promising approach. In one

study, TGFalpha (transforming growth factor) infusions improved the behaviour of rats in which researchers had destroyed dopaminergic neurones in the substantia nigra. In this model of Parkinson's disease, the TGFalpha infusions seemed to generate new dopaminergic cells in the striatum. In another study, a combination of epidermal growth factor (EGF) and fibroblast growth factor-2 (FGF-2) regenerated 40 per cent of the neurones in one area of the brain infused with these cytokines. The researchers also found evidence of more limited neurogenesis in other parts of the infused area.¹

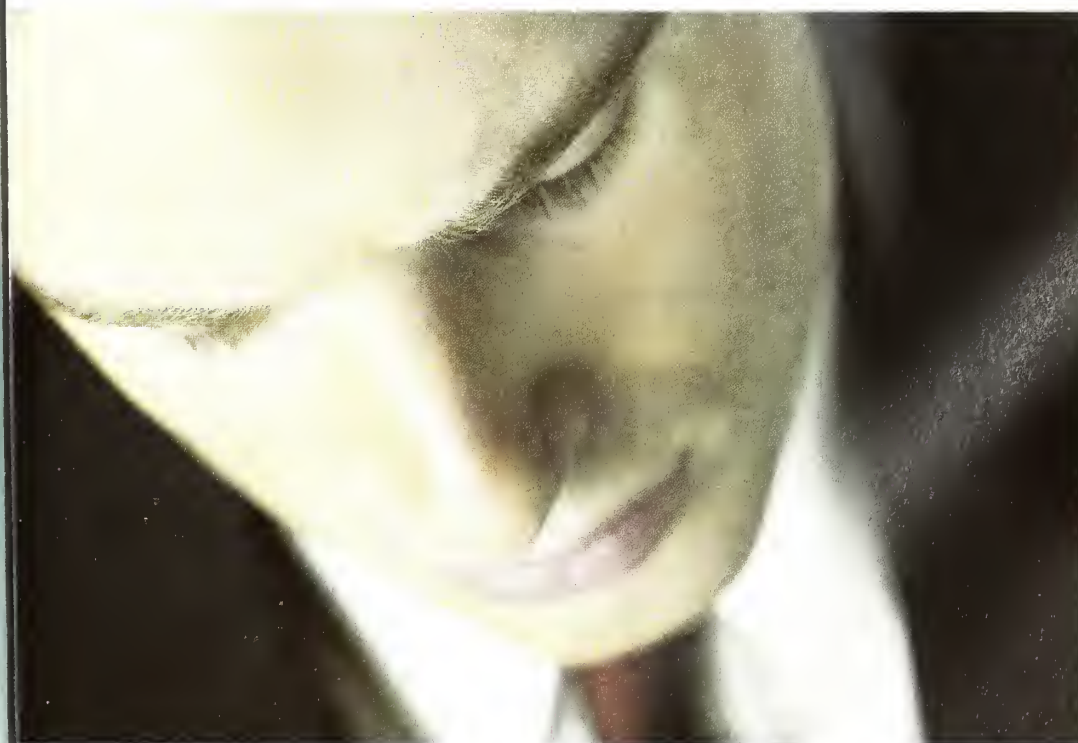
It is still early days. We need much more research to determine if stimulating endogenous stem cells offers an effective treatment for neurodegenerative diseases. Indeed, human stem cells seem to show marked differences from those in rats, the most widely used model. Furthermore, as mentioned above, the integration of new neurones into the existing brain circuits is carefully controlled. In general, neurologists understand little about the cellular and molecular mechanisms controlling this integration in humans. Until research reveals ways to overcome the "remarkable resistance" shown by mature neural networks to accept new cells, the stimulation of dormant stem cells or the exogenous application might not repair damaged brains.²

Clearly, thinking of the brain as hardwired is a marked oversimplification. The brain is, in contrast, a subtle and dynamic organ. Our plastic brains help us learn, contribute to disease and might offer a number of possible therapeutic targets for previously intractable conditions from depression to Parkinson's disease.

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Mark Greener, a former research pharmacologist, now works as a medical writer and bioscience journalist. He is the author of numerous articles and several books on health-related issues.



Children's brains are particularly plastic, and emotional and psychological trauma at this time can lead to a variety of mental disorders such as depression and addiction in later life

Epilepsy drugs increase bone loss

Antiepileptic drugs can almost double the rate of bone density loss in older women, researchers in the USA have found.

The study of over 6,000 women measured the bone density in their heel and hip bones after nearly six years and after four years, respectively. Women using AEDs had a 1.8 times average greater loss in heel bone mass and 1.7 times in hip bone mass loss compared to women who did not take AED. Average bone mass loss per year for AED users was 2.35 per cent in the heel and 1.16 per cent in the hip, compared to 1.46 per cent (heel) and 0.7 per cent (hip) in non-users.

Author Dr Kristine Ensrud said: "If this rate of bone loss is not addressed, the risk of hip fracture for these women will jump by 29

per cent over five years. Older women taking epilepsy drugs should be screened for osteoporosis and counselled about the importance of getting enough calcium and taking vitamin D supplements."

Although the reason for the increase in bone mass loss is unclear, Dr Ensrud offered a possible explanation: "It's possible that the drugs damage the body's ability to metabolise vitamin D or absorb calcium."

A spokeswoman for Epilepsy Action said the study focuses on older women "but we believe it can affect other age groups, and men. Prevention is very important. We would urge anyone who has concerns to seek advice from a doctor or epilepsy specialist."

The National Society for

Epilepsy's medical director Professor John Duncan said: "This paper gives further support to the contention that AEDs, particularly phenytoin, are associated with increased loss of bone mineral and reduced bone density. Hepatic enzyme-inducing drugs increase the risk of deficiency of vitamin D, with secondary hyperparathyroidism and leaching of calcium from bone. This would argue for avoiding enzyme-inducing drugs if there is an equally effective and well-tolerated alternative AED, also to monitor vitamin D and PTH levels and have a low threshold for vitamin D supplementation."

For more information:

Neurology 2004; 62: 2051-7

Scriptlines

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Tiotropium reduces COPD exacerbations

The long-acting anticholinergic Spiriva (tiotropium) reduces the frequency of exacerbations and associated hospital admissions, according to results from a major clinical trial.

The randomised study of 1,829 patients with moderate-to-severe COPD showed that tiotropium significantly reduced exacerbations by nearly 20 per cent, researchers announced at the recent American Thoracic Society conference in Florida. A total of 27.9 per cent of the patients randomised to the drug suffered at least one exacerbation during the six-month follow-up compared to 32.3 per cent of the placebo group.

"COPD exacerbations are

extremely debilitating, and may be life-threatening. Frequent exacerbations may even accelerate COPD progression," warned the lead investigator of the study, Professor Dennis Niewoehner, professor of medicine, University of Minnesota. He noted that COPD patients suffer, on average, one to two exacerbations every year.

Further results from the study demonstrated that hospital admissions due to COPD were also reduced with tiotropium. Nearly one in 10 (9.5 per cent) of patients randomised to placebo had a least one admission during the six months of the study, compared to 7.0 per cent of those treated with tiotropium.

Professor Niewoehner concluded: "This study showed that tiotropium reduced exacerbations and associated hospitalisations by about 20 per cent in patients with moderate-to-severe COPD who were already on best usual care." Tiotropium was added to patients' existing therapy, including other bronchodilators and inhaled corticosteroids but excluding other anticholinergic agents.

A further study showed that tiotropium reduced air trapping in the lungs – in which the airflow limitation of COPD results in air remaining in the lungs even when the sufferer has fully exhaled – and improved exercise endurance in patients with COPD.

Omnican syringes

B Braun Medical has launched an 8mm needle version of its Omnican 50 single-use insulin 0.5ml syringe. Omnican is the new name for Omnican syringes.

Price: £12.80

Pack size: 100

Pip code: 306-5018

B Braun Medical

Tel: 0114 225 9000

Strattera for ADHD

Strattera (atomoxetine) has received marketing authorisation from the Medicines and Healthcare products Regulatory Agency, but has not yet been launched despite some press reports.

The non-stimulant treatment for attention-deficit hyperactivity disorder in children six years old and over and adults will be available on prescription from mid-July.

Strattera will be available in 10mg, 18mg, 25mg, 40mg and 60mg doses. It will cost £13.65 per pack of seven hard capsules (10mg, 18mg, 25mg and 40mg) and £54.60 for 28 capsules (all dosage strengths).

For more information:

Eli Lilly

Tel: 01256 315000

Older people use their imagination

Older people who use their imagination are more likely to remember to take their drugs, claim authors of a US study.

By imagining themselves testing their blood glucose levels, diabetes patients aged between 60 and 81 carried out the test almost 50 per cent more often than the control groups. The study involved three groups: implementation, who spent three minutes visualising where they would be and what they would be doing when they

were scheduled to test their blood sugar the next day; rehearsal, where patients would recite aloud the procedure for testing blood; and deliberation, who wrote a list of pros and cons for blood sugar testing.

The implementation group remembered to test their blood sugar more than three quarters of the time, compared to an average of 46 per cent in the two remaining groups.

Co-author Dr Denise Park said:

"Getting older people to remember to take their medications and conduct self-monitoring tests is a huge issue. Although many strategies have been tried, none appears to be as potent or as simple as using one's own imagination. This study shows it's a powerful and incredibly expensive technique with potentially lasting effects."

For more information:

Psychology and Aging 2004; 19: 318-25

SOLVE CASES FAST WITH BENADRYL®



CASE #1

For a high-speed solution Benadryl Allergy Relief is active in just 15 minutes: no other non-drowsy* allergy 'tablet' works as fast.



CASE #2

When a blocked nose is involved Benadryl Plus is the only non-drowsy* allergy relief with added decongestant.



CASE #3

Benadryl One a Day Relief: Just one tablet for non-drowsy* relief all day.



CASE #4

For kids aged 2+, Benadryl Allergy Oral Solution is the number one* OTC non-drowsy* children's allergy syrup. Available in great tasting banana flavour.



WHEN WE SAY IT'S FAST, WE MEAN IT'S FAST

www.allergyadvice.co.uk For Pollen Alerts text: Pollen to 85080**

Acrivastine/Cetirizine, at the recommended dose, do not cause drowsiness. However, some cases of drowsiness have been reported. **Initial message costs up to 10p plus VAT. To unsubscribe from subsequent free alerts text 'stop' to 85080. *Information resources, A11 IRI HBA outlets Unit and Value sales, 52 w/e 21 Feb 2004.

BENADRYL ALLERGY RELIEF PRODUCT INFORMATION: Presentation: Acrivastine 8 mg. Uses: Allergic rhinitis. Dosage: Adults and children aged 12 – 65 years: One capsule up to three times a day. Contraindications: Hypersensitivity to acrivastine or triprolidine. Significant renal impairment. Precautions: Effects of alcohol or other CNS depressants may be enhanced. Advise not to undertake tasks requiring mental alertness. Pregnancy & lactation: Not recommended. Side effects: Rarely drowsiness. RRP (ex-VAT): 12s. £4.35 (£3.70); 24s. £7.55 (£6.43). Legal category: P. PL holder: Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, Hampshire SO53 3ZD. PL number: 15513/0017. Date of preparation: July 2003. **BENADRYL PLUS CAPSULES PRODUCT INFORMATION:** Presentation: Acrivastine 8mg and pseudoephedrine 60mg. Uses: Allergic rhinitis. Dosage: Adults and children 12 – 65 years: One capsule as necessary, up to three times a day. Contraindications: Hypersensitivity to any of the ingredients or triprolidine. Severe hypertension, significant renal impairment or severe heart disease; those who have taken MAOIs in the preceding 14 days. Precautions: Diabetes, hyperthyroidism, heart disease, hypertension, glaucoma or prostatic enlargement. Patients taking sympathomimetics, antihypertensives, and tricyclic antidepressants. Effects of alcohol or other CNS depressants may be enhanced. Advise not to undertake tasks requiring mental alertness. Pregnancy & lactation: Not recommended. Side effects: Rarely skin rash, drowsiness, urinary retention or CNS excitement. RRP (ex-VAT): 12s. £4.99 (£4.25); 24s. £8.99 (£7.65). Legal category: P. PL holder: Pfizer Consumer Healthcare, Eastleigh, Hampshire SO53 3ZD. PL number: 15513/0017. Date of preparation: July 2003. **BENADRYL ONE A DAY & BENADRYL ONE A DAY RELIEF PRODUCT INFORMATION:** Presentation: Cetirizine 10mg. Uses: Symptomatic treatment of rhinitis and urticaria. Dosage: Benadryl One A Day, Adults and children 6 years and over: One tablet daily. Benadryl One A Day Relief, Adults and children aged 12 years and over: One tablet daily. Contraindications: Hypersensitivity to any of the ingredients. Precautions: As with other antihistamines avoid excessive alcohol consumption. Pregnancy & lactation: Not recommended. Side effects: Occasionally headache, dizziness, drowsiness, agitation, dry mouth or gastrointestinal discomfort. RRP (ex-VAT): Benadryl One A Day, 14. £7.95 (£6.77); Benadryl One A Day Relief, 7. £4.45 (£3.79). Legal category: Benadryl One A Day, P. Benadryl One A Day Relief, GSL. PL holder: UCB Pharma Ltd, 3 George Street, Wafford, Hertfordshire WD18 0UH. PL number: 08972/0032. Further information available from Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, Hampshire SO53 3ZD. **BENADRYL ALLERGY ORAL SOLUTION PRODUCT INFORMATION:** Presentation: Solution containing 1mg/ml Cetirizine hydrochloride. Uses: Seasonal allergic rhinitis, perennial rhinitis and chronic idiopathic urticaria. Dosage: Adults and children 12 years and above: 10ml once daily; Children 6 – 11 years: 10ml once daily or 5ml twice daily; Seasonal allergic rhinitis only: Children 2 – 5 years: 5ml once or 2.5ml twice daily. Contraindications: Hypersensitivity to any of the ingredients. Do not use in pregnancy or lactation. Precautions: Reduce dose by half in cases of renal insufficiency. Avoid excessive alcohol consumption. Side effects: Occasionally drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort. Very rarely convulsions. Price (ex-VAT): £4.99 (£4.25). Legal category: P. PL holder: UCB Pharma Limited, 3 George Street, Wafford, Hertfordshire WD18 0UH. PL number: 08972/0033. Further information available from Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, Hampshire SO53 3ZD. Date of revision: January 2004.

Frontshop

Profoot plugs a gap

Profoot is launching a range of earplugs into pharmacies.

The Noise-X range comprises four earplugs to suit different consumer needs.

The Swimmer is designed to keep water out of the ear. It is made from soft silicone with graduated flanges to enable a comfortable, watertight fit.

The Bullet is a soft smooth earplug that creates very little pressure in the ear canal. It is suitable for people with small ears or children as the ends can be rolled down for a comfortable fit.

The PVC Foam Barrel Earplug is made from soft PVC foam and gently expands once in the ear to create a block against external sounds.

The Wax Earplug (with a cotton cover) is made with natural wax which softens and moulds to fit the ear canal.

All the earplugs are CE marked

and come in their own carry case.

A pharmacy counter unit (trade price £30.18 plus VAT) contains eight of each of Wax, Barrel and Bullet plus two Swimmers' Adult and two Swimmers' Children's.

Price: Swimmer £2.75 (one pair), £1.60 (two pairs), £1.65 (two pairs), wax earplug £1.99 (six pairs)

Profoot (UK) Ltd
Tel: 0208 492 1600



Summer boost for Germoloids

Germoloids will be back on TV screens from July 17 until August 28 in a £400,000 national campaign targeting 40 to 65-year-old pile sufferers who are traditionally non-treaters.

The commercial is set in a theatre and will focus on Germoloids HC Spray – a haemorrhoidal non-touch spray.

The brand will also be supported by a £1 million advertising campaign in women's magazines until the end of the year.

The novel cartoon-style press advertising targets another



Always read the label

key audience of mums and pregnant women who frequently suffer from piles.

Point of sale material is available to drive category growth in store. Two new leaflets are now available: *Facts about piles* and *Pregnancy and piles*.

For more information:

Laser Healthcare
Tel: 01202 449700

Mums are all set with Avent

Avent is introducing a reusable disposable feeding system which is suitable for breast-feeding mothers.

The Avent Via range includes sterile cups, breast milk and baby food containers, and a reusable disposable feeding system which is ideal for travel.

The sterile cups are sturdy and stackable with blue screw lids that make them spillproof. After using a cup for breast milk or baby food, parents can decide

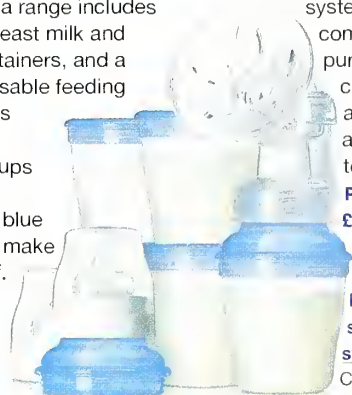
whether to dispose of it or reuse it again a few more times.

The range also features a breast pump with VIA storage/feeding system. The pack comprises an ISIS breast pump, five sterile VIA cups, five lids, two adaptors and two anti-colic newborn teats.

Price: cups £1.99 (five), £2.99 (10), containers pack £7.50, disposable feeding system £3.99, breast pump with storage/feeding system £30

Cannon Avent

Tel: 01787 267000



Multibionta 50+ targets young at heart

Seven Seas is backing its Multibionta 50+ vitamin brand with a £1 million national press campaign breaking on June 14.

The humorous campaign will appear in national newspapers and magazines throughout the rest of June and July.

The advertisements feature



cartoon characters undertaking everyday activities with an energetic twist. One shows a woman surfing on her ironing board and another balancing on a unicycle.

The headline is 'Because in your head you're still 21'.

For more information:

Seven Seas Health Care Ltd
Tel: 01482 375234

Benadryl®

HAYFEVER MONITOR

For free pollen alerts text POLLEN to 85080* or log on to www.allergyadvice.co.uk

WEEK STARTING 12 June

POLLEN COUNT

- HIGH
- MED
- LOW

KEY FACTS

- Grass pollen levels continue to rise throughout the UK
- Nettle pollen is reaching high counts in Southern England and Wales which will last for two weeks

Information updated weekly by SDI

*Initial message is charged at your normal network rate. To unsubscribe from subsequent free alerts text 'stop' to 85080

Smash pain with a karate blow

Solpadeine Max returns to TV from this week for the start of a three-month advertising campaign.

The 'karate' commercial features a man and a woman systematically smashing their way through headache, backache, period pain and migraine to show how they can take control of their pain.

The campaign highlights the power of Solpadeine Max which combines paracetamol and codeine.

GlaxoSmithKline Consumer



Healthcare is spending almost £2 million on the campaign.

For more information:

GlaxoSmithKline Consumer Healthcare
Tel: 020 8047 2700

Look mum, it's free

Kimberly-Clark is running a summer nappy giveaway promotion to encourage parents to try new Huggies Super-Flex nappies.

Consumers can phone 0870 900 682 or log on to www.huggiesforfree.com for a free trial pack and a coupon for money off their next in-store purchase.

The promotion will be supported by a £3 million marketing campaign including TV, print and radio advertising running until the end of July. Point of sale material is also available.

The promotion will run until stocks run out.

For more information:

Kimberly-Clark Ltd
Tel: 01732 594000

TVnext week

Bodyform: C4, five, GMTV, Sat

Anesten Duo: All areas except CTV

Claritin Allergy: All areas

Avilast: All areas except TT

Avi-con: All areas except TT

Sodium Plus Caplets: All areas

Pro Plus: GTV, B, G, Y, LWT, CAR, TT, C4, five, Sat

Simple Oil Control: five

Jet Bladeless Razor: All areas

Jet Ready to Use Strips: All areas

Jetek: C4, Sat

ParmaSite for next week: Claritin - window, Claritin - in-store, Claritin - dispensary

Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, AR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), T-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Wake up with Pro Plus

Pro Plus will be on national TV, radio and London Underground as part of a £1 million advertising campaign this summer.

The TV commercial features a sleepy desk worker being sharply woken up by the Pro Plus klaxon screaming 'Wake up!' The campaign will be on air from this week until August 22.

Over 4,000 posters will appear across the London Underground featuring tired young office workers in embarrassing situations such as



falling asleep on the toilet at work and signing a contract with a toothbrush.

For more information:

Roche Consumer Health
Tel: 01707 366000

Clear-sighted

FosterGrant is extending its value-for-money Premier range of ready-to-wear reading glasses. New designs are compact, lightweight and durable. Features include

scratch resistant lenses, adjustable arms for a snug, comfortable fit and life-extending spring hinges.

Price: from £6.99 to £15.99

FosterGrant, tel: 01782 833033

WE WILL WE WILL STOCK YOU

You need to find the best prices for PIs, generics, dressings and ostomy. But you can't spare the time to trawl through endless price lists. So what can you do? Well, four community pharmacists did this: they produced computer software to automate everything. From ordering the products to hunting down the best deals. It's called Medicines For Pharmacy. Or M4P. And now it's available to you. Too busy to find out more? That's precisely why you need to find out more.

M4P

MEDICINES FOR PHARMACY
MAXIMUM PROFIT MINIMUM TIME

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See no evil...

Dr Kathy Haywood, GP, medical editor of Men's Health, columnist for The Sun and co-author of A Bloke's Diagnose-It-Yourself Guide To Health

Women and health go together like a horse and carriage. As for men and health, it's more like fish and bicycle – at least, that's always been the traditional view.

But times are changing. Thanks to the media, men's health groups and some medical evangelists, male health has come out of the closet.

Unless you've been living on Planet Zorg, you'll be familiar with the key messages: men make less use of health services than women; they should visit the doctor more often; male life expectancy is compromised by heart disease and cancer; blokes should regularly examine their testicles; and men should be as familiar with their prostate specific antigen (PSA) as their inside leg measurement.

These mantras are repeated so often that you'd assume they're absolute truths. Except they're not: some are distortions and others are just plain rubbish. Cut through the clamour, scrutinise the evidence and you realise that a lot of well intentioned advice is based on nothing more than intuition, hope, or the desire to bang a drum.

Consider one of the most fundamental axioms: that men steer clear of the doctor. The statistics seem to back this up but, in fact, the figures are misleading. If you subtract from women's attendance figures those contacts which are 'purely' female – gynaecology, obstetrics, contraception, cervical screening and breast disorders – and strip from the men those that are strictly male – genitals, prostates and vasectomies – the stats change dramatically.

In fact, research shows that much of the apparent discrepancy in attendance rates between the genders evaporates. So it's not actually that men attend less – it's that women attend more, simply because they have more reasons to.

Which leaves the battle-cry of the men's health enthusiasts – that we should be encouraging men to visit the doctor more – somewhat undermined. But if you still insist on believing that blokes should be dragged by the short and curled to the GP, try taking a critical look at your assumptions.

Either you believe that men present their symptoms too late and so adversely affect their prognosis or, that the more they come to the doctor, the healthier they're going to be.

Neither argument is convincing. If there really is any significant difference between male and female attendance, it's in the 15 to 45-year-olds. In other age groups, particularly the very young and the elderly, both sexes use health services equally. But the vast majority of symptoms experienced by teenagers and the 'young middle-aged' are minor and self-limiting. It's implausible that encouraging attendance in this age group will make any statistically significant difference to health outcomes.

So cajoling males into making appointments must be about preventing, rather than treating, disease. The evangelists want to convert men to the religion of primary prevention, and the route to enlightenment is through a door marked, 'Well Man Check'. But this approach is fundamentally flawed. The likelihood of a man accepting an invitation for a cardiovascular check is inversely proportional to his cardiovascular risk. In other words, the problem with Well Man Checks is that the only people who attend are 'well men' – the boozing, smoking, lardy couch potato who might actually benefit from intervention is too unfit and unmotivated to make the effort.

Perhaps unsurprisingly, all the research shows that such an approach has a negligible impact on

TOTAL SHAVING LOGIC FOR MEN

ERASMIC



See ERASMIC in the
'Bad Lads Army' -
the new reality show
coming to ITV in July

ERASMIC Original Shaving Foam the No.1 seller in independent chemists*

With over one hundred years' history of providing the smoothest, most comfortable shave, is it any wonder that the producers of the new ITV 1950's reality show 'Bad Lads Army' have selected ERASMIC to feature in their version of the NAAFI.

Stock up on the ERASMIC range now for maximum sales potential!

Look out for special promotional offers from Enterprise and Unichem.

fig.1. Consultation with GP by gender 1998-1999

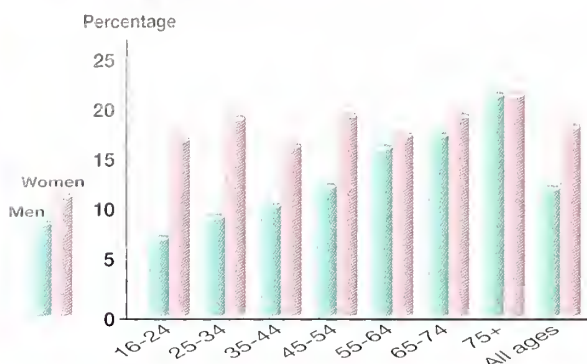
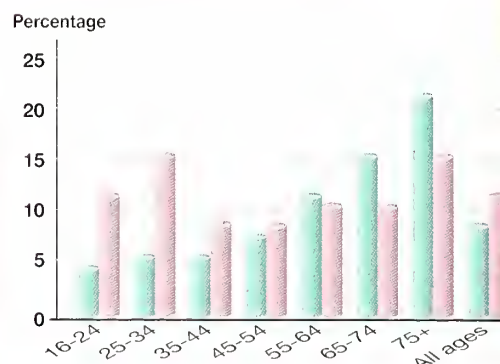


fig.2. Use of in-patient services by gender 1998-1999



mortality and morbidity: It just doesn't work.

Men's health gurus respond to this with another battle-cry: if the man won't come to the check-up, the check-up shall come to the man. This explains why a bloke supping a quiet pint at his local is at risk of being disturbed by a nurse with an 'I'll save you' expression abseiling through the window SAS-style to check his cholesterol, measure his blood pressure and berate him for his lifestyle. Such 'check-ups' in pubs, clubs and other bastions of masculinity have become *de rigueur*.

Shouldn't we applaud these efforts to save the nation's men? I'd suggest a polite clap at most. There is the genuine danger that invading sacrosanct male territory and being so 'in your face' about health might alienate the very group we're trying to attract. And, if we're being so proactive, we need to be absolutely sure we're doing more good than harm.

Unfortunately, the enthusiasm isn't matched by the evidence – to quote from the *BMJ*: "A patient identified as being at high [cardiovascular] risk by the NSF (National Service Framework) has about a 9 per cent chance of benefiting – and a 91 per cent chance of not benefiting – from 10 years of treatment."

These statistics are all the more sobering when you remember the antihypertensive or statin prescribed also effectively converts a 'well' man into an 'ill' one.

Besides, the obsession with cardiovascular disease and cancer rather misses the point. True, women outlive men by about five-and-a-half years in England and Wales but this difference in life expectancy is not caused by diseases of old age – it's largely explained by premature death due to suicides and accidents.

This seems counter-intuitive, given that these events are relatively rare. The explanation is that suicides and accidents tend to occur in very young men – so, even though the numbers are small, they have a disproportionate effect on average life expectancy. So if our aim is to equalise longevity, we're focusing on the wrong areas: we should be concentrating on detecting depression and suicidal ideas, and preventing serious accidents.

This tendency to bark up the wrong tree is apparent when you consider another men's health sacred cow – the one that states males should perform regular testicular self-examination (RTSE).

In fact, there is no evidence that this activity is worthwhile. Nor will there ever be: testicular cancer is, thankfully, so rare that a proper scientific trial to assess the value of RTSE would require millions of participants. But because RTSE is a screening tool, albeit a self-administered one, it can be tested against standard screening criteria, such as specificity, sensitivity and so on. As various health promotion experts have pointed out, it fails miserably.

A recent lesson from women's health should have warned us that what seems intuitively sensible might not be such a good idea after all. For years, regular

breast self-examination was advocated, yet research has repeatedly shown that it does not improve outcomes. Paradoxically, regular breast self-examiners actually fare worse, because they suffer more anxiety and undergo more unnecessary biopsies than non self-examiners.

There is anecdotal evidence that the same is happening to men who perform RTSE and find irrelevant abnormalities, which are far more common than testicular cancer. This explains why GPs frequently see men terrified they have cancer, why urology outpatients are full of the fearful, and why waiting lists for testicular ultrasound have rocketed. No wonder an eminent professor of preventive medicine writing recently in the *BMJ* stated that RTSE should not be advocated.

What's worse is that the media and male support-group obsession with checking for cancer clouds the real issue. Delays in diagnosing testicular cancer are not caused by men failing to notice a problem, but by them failing to act on it. So a logical, evidence-based and constructive public health message would steer the nation's blokes away from being ball-watching neurotics and towards the GP, promptly, at the first sign of any problem.

PSA testing is another area where zeal has overwhelmed logic. In the USA, around a third of men aged over 50 have had their PSA measured in the last two years and, judging by column inches in the media and requests in the surgery, the UK is rapidly following suit. Yet the PSA test has all sorts of shortcomings, such as false positives, false negatives and an inability to discriminate between aggressive cancers and the much more common indolent, harmless tumours.

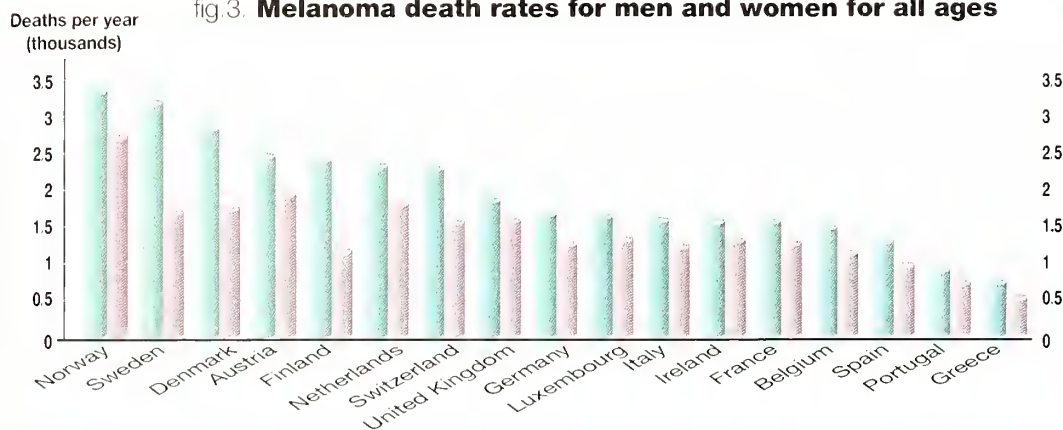
Prostate cancer is extraordinarily common in older age groups – at post mortem, more than 50 per cent of men aged 80 and over have evidence of the disease, yet nearly all die 'with it', not 'of it'. So there is a real risk that widespread PSA testing could unnecessarily ruin many men's retirements. And there is still no evidence that early detection of prostate cancer improves prognosis, while we know that its treatment certainly can cause harm.

The more closely you look at some of the basic tenets of men's health, the more you realise they are supported not by science but by well-meaning bluster. Some enthusiasts argue that the shaky ground is irrelevant: they say that raising the profile of men's health is more important than the accuracy of the message. But this is a dangerous approach.

In recent years, women have realised that key health 'facts' have been distorted: cervical smears aren't that reliable, HRT has been over-sold, breast self-examination is harmful. The understandable result is a decline in faith in the medical profession. We should avoid the same mistake with men, by remembering a basic principle of medicine, 'First, do no harm' – no matter how big a drum you have to bang.

Shouldn't we applaud these efforts to save the nation's men? I'd suggest a polite clap at most.

fig. 3. Melanoma death rates for men and women for all ages



Dr Ian Banks, GP, Men's Health Forum president and Dr Martin Kirby and Alan Banks from 'Camelton men's health' have a different perspective

There are GPs who are cynical about patients' use of their services – male patients in particular – and are not convinced that early rather than late attention to men's health issues can make a difference. But as the Office of National Statistics has shown, men have a different pattern of health service use than do women (see figures 1 & 2).

Late presentation – a constant feature – means that men on average have a worse prognosis for almost every medical condition common to both sexes with a good example being melanoma.

Recent data (White, AK & Banks, I (2004). *Help seeking in men and the problems of later diagnosis*; Kirby et al (Eds) *Men's Health 2nd Edition*, Martin Dunitz, London) shows that there is a higher incidence of melanoma in women (graph 3) in all of the 17 European countries studied but there is a higher mortality in men (figure 4) from melanoma in all of the same countries. There can be only one explanation for this anomaly: late presentation.

A survey carried out in April 2004 by the Developing Patient Partnerships charity in conjunction with PAGB, the NPA, RPSGB and the Men's Health Forum, clearly showed a similar anomaly over men's use of services provided by pharmacists.

Less than 3 per cent of men would consider seeking advice from a pharmacist: not surprising given that women are in the main responsible for presenting prescriptions and buying OTC products from pharmacies.

During April, men were encouraged to make better use of their community pharmacist for advice

on basic health issues. Hopefully this will increase the speed at which men ultimately present to their GP for potentially serious conditions while allowing men to look after simple problems themselves.

Perception versus reality

Horror stories in the media do tend to flavour perceptions of risk. In one study, more men thought deaths of young men from testicular cancer exceeded those from suicide. In truth, suicide is the single greatest killer of young men in the UK.

This leads some GPs to abandon any public awareness campaigns on testicular cancer, fearing a nation of 'worried well', similar to what happened when breast self-examination drove many women to distraction with no measurable improvement in survival from breast cancer.

The problem is that men start from such a low level of awareness compared to women. Compound this with a reluctance to seek medical advice despite the presence of symptoms, and it is not surprising men have a significantly poorer prognosis from bowel cancer for instance, as shown by the Colon Cancer Concern charity's work in the Birmingham area.

Well Man clinics

Myths abound over clinics for men and usually from GPs who would rather not bother or who have attempted establishing well man clinics but run them on exactly the same basis as well woman clinics, totally missing the point about gender sensitivity.



Men on average have a worse prognosis for almost every medical condition

ALMUS
designed to aid dispensing

Offering over 90 generic products



Men's facts

■ **Men's health** is a major concern for many men, but few are motivated to make changes.

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A hugely successful Scottish initiative, 'Camelon' by James Leishman and Alison Dalziel laid to rest the myth that 'nobody turns up except Adonis'.

Over 1,000 men have been seen at the Camelon centre for male health and data from the first two years of this service shows that encouraging men to attend can produce significant improvements to their health outcome, including: early detection of cancer; detection and treatment for hypertension prior to any health problems occurring; detection of diabetes; and detection and treatments for erectile dysfunction, which if untreated can lead to serious relationship and family problems as well as potential depression. Given the paucity of effective screening, however, screening for disease may not reap major dividends. But it is this age group where encouraging men to adopt a healthier lifestyle would produce the greatest rewards.

Encouraging men to attend

Again from the Camelon experience, campaigns to encourage men to attend services can work if a little imagination is used. As well as the usual means of advertising such as newspapers, leaflets, posters, word of mouth and radio, a letter was sent out from GP surgeries inviting men to make an appointment.

This resulted in a 91 per cent attendance rate in the first two years, with 59 per cent attributable to the letters. This may be the result of psychology, as most people, both men and women, tend to listen to their doctors, and GP headed-note paper was used for the letters rather than the service title. Over 1,000 men have been assessed so far, and one in four of them had not visited a GP for more than a year.

Other results included: 45 per cent were unable to exercise or did very little exercise; 28 per cent were depressed or stressed; 71 per cent were overweight; 31 per cent obese; 42 per cent had raised BP and only 11 per cent were aware of it.

Only the less heedy attend

Camelon worked with the bottom 10 per cent poorest areas in Scotland, and found that 80 per cent of the men attending had risk factors associated with disease or were showing symptoms of illness, the

majority of which were unknown prior to assessment. These included weight problems, a lack of exercise, excessive alcohol intake and those men who were not motivated to make change. Most men have not had the opportunity at all in their lives to sit down and take time to talk about their health and wellbeing.

Having this opportunity reaps benefits and even men who are not motivated to make changes will leave the service with an increased awareness about disease risk factors, and what to do if a problem occurs.

Addressing the wrong issues

This again tends to come from GPs with more interest in style and grooming than men's health. Of course depression, suicide, occupational health and car accidents are important but by raising a general awareness these issues are easier to approach.

Increasing men's knowledge about the prostate for instance, has implications for more than just prostate cancer. Prostatitis and benign prostatic hypertrophy may not kill many men but they make the lives of thousands a complete misery. By raising these issues we can question the value of PSA testing but not to then dismiss any potential screening for men's health issues out of hand. If the PSA test is not good enough then we need to find a better one, not least with over 10,000 men dying each year in the UK alone.

The FU (Fatalistic Urology) school of medicine

Some GPs put it all down to the Y chromosome and thus there is not much you can do about men's health: a man's gotta do what a man's gotta do – die early.

One GP surgery in Northumberland rejects this stagnation and is using the *Haynes Man Manual* to encourage men to attend for basic health checks. All the evidence is that with just a modicum of lateral thinking, acceptable resources and a willingness to change the status quo, men's health will cease to be a contradiction in terms.

Pharmacists, practice nurses and GPs would do better to collaborate rather than snipe from the sidelines.

Marketing intelligence

Retail sales of men's grooming products were expected to rise from £811 million in 2002 to £827m in 2003, according to Mintel's latest sector analysis. Although this may only be a small percentage increase, Mintel says that the immediate outlook for the market is further modest but sustained growth. The key findings from its report are:

- fragrances represented a third of market value in 2003, a drop of 4 per cent compared to 1998
- toiletries accounted for 33 per cent of the market in 2003, a 2 per cent increase
- shaving hardware also increased over the period to 25 per cent market share
- shaving preparations, which constitute the smallest sector, have a slowly falling market share.

Hardware sales soaring

Euro sales of shaving hardware soared 38 per cent over the review period: the best performing sector in value terms. Toiletries rose by 30 per cent but growth in fragrances and shaving preparations was more modest and below growth rates in the market as a whole.

The prestige end of the fragrance sector however enjoyed good growth, says Mintel, with the mass segment sector suffering as a result: sales of mass-marketed aftershaves fell 45 per cent in the five-year period to 2003.

Deodorants

Deodorants make up the largest segment of men's toiletries, according to the report, followed by body sprays, shower products, skincare, haircare and tale. Skincare is the best performing category while body sprays and tales are declining.

In last year's wet shaving hardware sector, high tech shaving systems had 60 per cent market share and are the fast growing segment. Shaving gels overtook traditional foams by 2001 and had over 51 per cent of shaving preparation sales in 2003.

Boots leads the way

Boots The Chemists, discount drugstores and multiple grocery dominate retail sales of men's grooming products in the UK. On the industry side, Unilever's Lever Fabergé and Gillette dominate the

market, says Mintel. Other prominent suppliers include: Beiersdorf, with its Nivea brand; Sara Lee; Colgate Palmolive; and Wilkinson's Sword. For more information: www.mintel.com

New to Gillette's shaving portfolio this year is its Ultra Comfort shaving gel specially designed for men with tough beard stubble. Formulated with Jojoba oil to soften and condition heavy beards, the company says it enhances razor glide for a close, smooth shave.

Regaine's latest advertising campaign aims to tackle men's cynicism towards hair loss treatments and set the product apart from the "quick fix lotions and potions". Although two fifths

of men experience male pattern baldness by the age of 35, only 1 per cent felt confident that something



can be done to combat it, a Regaine survey has found. Further, only 38 per cent of men are aware that a hair loss treatment is available within pharmacy. However, over a third would be prepared to spend at least £30 per



month to keep their hair.

Pfizer Consumer Health Care Advisory Bureau has produced a consumer leaflet detailing causes, symptoms and treatments. Copies of *Understanding Hereditary Hair Loss* can be obtained by calling 01737 331 171.

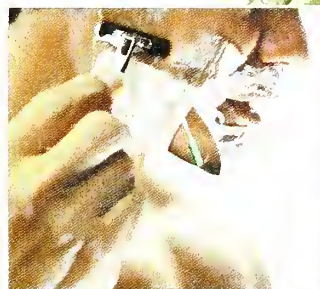
Nearly 75 per cent of athlete's foot products were sold via pharmacies last year, says Novartis Consumer Health, adding that the total market is worth £20.5 million and is growing at 5 per cent year-on-year. It highlights the Lamisil brand as the key driver and says it has added £5.5m to a category that has grown £3.9m over the past three years.

Novartis predicts that the Lamisil brand, the number



one seller in the P category, will add an additional £1.5m to the category in 2004.

A non-stick liquid bandage that can be brushed over shaving cuts to form a transparent second skin will be launched in the Compeed range in July. Compeed Liquid Bandage is waterproof and flexible and can be used on minor wounds including skin cracks, friction blisters and shaving cuts. The bandage, which helps to stop bleeding and keep out germs, rubs off naturally as the wound heals.



Styling is one of the key toiletry categories where men are involved in deciding which brand or product to purchase. To help tap into this market, Alberto Culver has launched a £2m advertising campaign for VO5 styling over the next six months.

Key market facts from the company are:

VO5 was the number one styling and hairspray brand in the latest 52 w/c period (IR) for all outlets with a 9.5 per cent share

VO5 Styling Wax 75ml is the fastest selling wax on the market and VO5 Mega Hold Gel Spray 200ml, the fastest selling gel spray



VO5 Extreme Style accounted for 33 per cent of total VO5 styling sales in the UK.

Wella has launched a new variant to its styling range this year. Xtrovert includes three products designed for men: Xtroverts Styling Steel, which "freezes styles in seconds, Xtroverts Plastic Elastic, which allows styles to be remoulded, and Xtroverts Rough'n'Ready Clay, which gives an "ultra strong" hold with a matt finish.



This year's newest variant in the brand-leading Lynx range is Lynx Touch – a light, sensual men's fragrance.

Lynx Touch is available in 24 hour bodyspray, shower gel, aftershave, Lynx Dry antiperspirant aerosol, antiperspirant stick and antiperspirant roll-on.

Also new in the Lynx range this year is Lynx Recover – a refreshing, stimulating shower gel which comes in an eye-catching brightly coloured bottle. The Lynx range is being supported by a £14.5m marketing campaign during 2004.



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Delivering self-care...

In an enlarged Europe was the theme of the AESGP's 40th annual meeting in Madrid last week. Gary Paragpuri reports on the issues faced by the pharmaceutical industry in developing OTC medicines

State of the market

All the easy POM to OTC switches have already been carried out and companies need to address the task of switching more complicated products.

"We have a problem within our industry," Brian Perkins, J&J Consumer Pharmaceuticals & Nutritionals worldwide chairman, told delegates.

"The easy switches are over and we as an industry are not doing enough to shape the debate on future switches. Switching allergy medicines, pain relievers or stomach remedies is fairly easy – the model is fairly clear. These are symptomatic self-limiting problems that have relatively easy dosing schedules."

Not enough novel compounds are coming onto the OTC market, he said, and consumers did not want more 'me-too' type products. This lack of new products was problematic because OTC switches had a key role to play in helping governments to contain healthcare costs, he suggested.

"The crisis is evident in virtually every region of the world [where] the cost of providing healthcare to the public is helplessly beyond the means of even the most robust economies. The fact is that governments cannot afford to keep subsidising the cost of drugs,

especially drugs which could, and should, be over the counter."

POM to OTC switches should be seen as part of the solution to meeting healthcare costs, he said, and added that making more drugs directly available to the public was good public policy.

"Self-medications offer much better and widespread access and much lower cost than prescription drugs. Non-prescription drugs are real medicines that make a real difference to quality of life," he argued.

Citing the recent switch application for simvastatin, Mr Perkins said it would raise consumers' knowledge of important health risks. "Our research both in the UK and the US indicates that more people will consult the healthcare professional when learning about the availability of OTC statins. In fact not only do we see a clear OTC market for statins, we project, because of the awareness and interest generated by the switch, for the first time we'll have consumers 'upstreaming' to the Rx market and learning more about heart disease."

However, Mr Perkins said the POM to OTC switching agenda was driven not so much by drug companies and regulators but by politics and public opinion. "Political impetus is needed to trigger the regulatory actions required to switch categories," he said, adding that the UK government was the first to make a "bold step" with the statin switch.

Incentive for change

Boots Healthcare International managing director Paul Stoneham listed pressures on European healthcare budgets: the demand for greater access and choice in OTC medicines and the need for



pharmacists to take on an expanded role, as the incentives for change in the self-care market.

Discussing the consequences of holding back on switches, he said reimbursement of established low-cost medicines diverted resources away from the funding of new treatments; innovation was stifled; consumers had limited choice and were unable to take on greater responsibility for their own healthcare; and a lack of a free market led to higher prices for consumers.

Although pharmacies remained the principal channel for OTC medicines outside North America, he said the UK hybrid distribution model for OTCs was the most attractive route for self-medication, as it led to POM, P and GSL



classifications; access to P medicines with professional advice; access to GSL medicines through a wide range of outlets; and pricing freedom and product innovation but with pack size restrictions as a safeguard on some medicines.

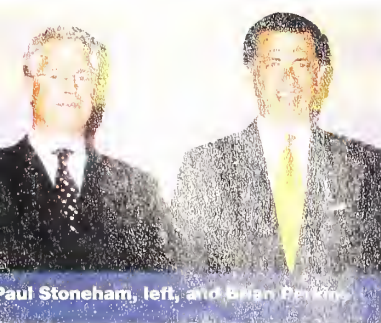
Mr Stoneham called for pharmacists' roles to be redefined to give consumers greater value and said pharmacists needed to demonstrate an ability to adapt to take on a broader role in primary healthcare provision.

Barriers to development remained, though. He said regulatory bodies could be over-conservative and were driven by static views of the pharmacy environment and the level of consumer expertise in healthcare. Vested interests within the industry and the need to improve awareness and educate the consumer were producing "considerable inertia", as were institutional attitudes to the role of healthcare professionals and self-medication in primary care.

If the self-care agenda was to grow, the expectation of what consumers could receive from

The patient of the future wants greater involvement in treatment decisions

Pete Smith



Paul Stoneham, left, and Brian Perkins

pharmacists has to be raised and the Government needs to make it financially viable for pharmacists to deliver these expectations.

The UK's National Association of Primary Care chairman, Pete Smith, argued that once patients were empowered it was a question of how health professionals could catch up to provide support.

The European patient of the future would have a greater sense of personal responsibility for their health; would want involvement in treatment decisions; and increasingly used OTCs and complementary medicines.

Consequently the current pharmacy model would have to develop into something more geared to self-care, he suggested.

Although the value consumers placed on pharmacists' advice had improved over the past seven years in many European countries, it was still ranked below the advice given by doctors.

Role of advertising

Successful self-medication relies on empowered and informed customers and a key part in delivering this is advertising, said Hans Van Zoonan, Proctor & Gamble's Pharmaceuticals and Personal Health Care European vice-president.

European society considers healthcare a problem for governments and not consumers to fix, he said. But consumers were becoming more aware and advertising is needed as part of a holistic communication approach to answer consumers' self-medication needs.

Consumers already had access to information via the internet and in reality some regulators were struggling to catch up with what was already out there, he said.

Patient information was pivotal to responsible self-medication and communications from healthcare

professionals and the industry should be more complementary. Advertising needs to be much broader and advertorials in particular could be used to trigger interactions between consumers and pharmacists.

He said it was difficult for companies to get their message across in condensed information, as seen in OTC adverts. Although a short statement gives a view, it may be unbalanced because of its brevity. He called for a system where companies could establish a full dialogue with consumers.

Only when all countries allow non-prescription medicines to be advertised in all media, can advertising best inform and empower consumers, he argued. Further, the disparities in medicine regulation across Europe also needed to be addressed.

A regulator's view

The UK's reclassification procedure was given a strong impetus after legal changes were put in place in April 2001. As a result the UK leads Europe in making drugs available OTC, due to strong government support and backing from the Medicines and Healthcare products Regulatory Agency, MHRA chief executive Professor Kent Woods said.

The emphasis is now on delivering more OTC medicines within tighter deadlines and the intention is that the pace of reclassification should be increased with a time line of 120 to 180 days excluding consultation periods.

Over 50 substances have been switched in the past decade including those for symptomatic relief (analgesics), those requiring initial doctor diagnosis (imidazoles) and those for prevention (aciclovir and EHC).

But if the pace of change is to be maintained, there must be a

balance at national level between wider access and safety. At international level, where medicines are authorised by the centralised route, there must be a balance between stakeholders' interests and the contribution to public health.

OTC Zocor the first

OTC Zocor is the first in a new generation of switches based upon the notion that prevention of serious disease in fit people at risk of illness is a logical extension of self-care.

But to ensure OTC Zocor's success, it is important to establish a workable model that reaches a large proportion of the target population and one that educates, supports and motivates



The UK leads Europe in making drugs available OTC

Kent Woods

individuals to address all modifiable long-term risk factors, Dr Steve Mann, head of R&D at McNeil Europe (formerly J&J MSD Europe), told delegates.

Dr Mann said the 10mg dose was sufficient to reduce the risk of a first major coronary event by about 27 per cent after three years in people at moderate risk. Doubling the dose did not double the effect: the 20mg dose produced about a 32 per cent reduction and the 40 mg about 37 per cent.

Although it was unnecessary to measure cholesterol levels before starting Zocor, on the grounds

that estimated risk justified treatment, it was important to measure cholesterol levels to pick up those inadequately treated and to show progress and to motivate.

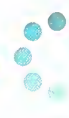
Also, as the model for OTC statin was simple, it lent itself to supply via internet pharmacies. But pharmacists are well placed to offer advice, and a more logical extension for the model would be for consumers to fill in the CHD questionnaire online before taking it to their local pharmacy, he said.

The economic value

If 5 per cent of prescribed medicines were switched to OTC, this would represent savings of over €16 billion across Europe (including €1.3bn in the UK),

according to the AESGP's latest report, *The Economic and Public Health Value of Self-Medication* (CSD, June 5, p9).

Professor Claude Le Pen, health economist at France's University Paris-Dauphine, said 5 per cent was "a very modest goal likely to be achieved very easily". It represented only a third of treatments dedicated to minor illness that could be switched to OTC. If France achieved a 5 per cent shift, it would have double the impact of what had been achieved by 10 years of generic substitution, he said.

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Noel Wicks, Pharmacist, Scotland

It's important to know your stuff when advising parents about children's pain medications. Fiona Salvage picks out what you need to know from a new guide

Share the pain

Worried parents with screaming, feverish children are not happy customers. But by refreshing your knowledge of children's pain and fever medicines with the help of a new booklet issued by Pfizer with this week's *C&D*, you can be confident that you possess the best advice to reassure them.

The *Guide to children's pain and fever for health professionals* goes back to basics with the physiology of pain and inflammation and the causes of these symptoms in children. Managing pain and fever in children, with which products and when to refer to a GP or the hospital are also covered in depth in the booklet.

Counter assistants have a laminated card for their own use that outlines the information they need to advise parents and offer the correct product.

Children can be susceptible to a variety of illnesses and other causes of pain and fever. Physical activity presents ample opportunity for children to suffer minor injuries from bumps and knocks resulting in pain and often inflammation. Fever is unlikely to be present in these cases, but teething, another type of trauma pain, can cause pain and pyrexia.

Other causes of pain and fever include:

- coughs, colds and flu;
- scarache and conjunctivitis;
- sore throats, tonsillitis and glandular fever;
- chickenpox;
- infections such as skin, respiratory, and urinary tract; and gastroenteritis.

Another common cause of fever and localised pain are injections from childhood immunisations

such as whooping cough, diphtheria, MMR and Hib vaccines.

Often a child will not be able to verbalise with much accuracy where and how much the pain hurts. Using pain assessment scales featuring faces ranging from "no hurt" through "hurts little more" to "hurts worst" can help a child over four years to describe the pain's intensity. For babies and children under four years old, assessing behavioural changes and some verbal responses will offer some indication of pain location and intensity.

Now the pain has been identified, before offering remedies to help ease a child's pain or fever the most important decision a pharmacist can make is whether the child should be treated with an OTC medication or if they should be referred to their GP or the hospital. A decision to refer can be made by assessing symptoms additional to existing pain or fever and relevant history as either warning signs that the child requires immediate hospital admission (eg head injury, rash indicative of meningitis, fits, severe breathing problems) or, if the symptoms are milder, they may suggest infections that can be easily dealt with by the GP (eg bacterial infections such as sore throat or cough, mild to moderate diarrhoea, non-severe breathing difficulties).

Reminders of the symptom questioning acronyms SIT DOWN SIR and AS METHOD, as well as detailed descriptions of meningitis symptoms in babies and older children, are also contained in the guide.

After deciding that the child

does not need to be referred for further medical attention, the decision presents on how to treat.

Paracetamol has a long history of use as a child and adult medicine; it has been available over the counter for over 40 years. Along with health organisations, the *Guide to children's pain and fever for health professionals* recommends that paracetamol should be used as a first-line treatment in pain and fever. Ibuprofen should be reserved as a second-line treatment because of a slightly higher risk of side effects associated with NSAID use.

Children with previous peptic ulcers, bronchial asthma, heart failure, coagulation defects or NSAID-induced asthma, urticaria or rhinitis, should not be given ibuprofen. Children with renal or hepatic impairment should receive neither paracetamol nor ibuprofen. Age and weight-related dosages for paracetamol and ibuprofen in children are listed in the *BNF* (and left).

When pain relief is not achieved from paracetamol alone, pharmacists can recommend an alternate dosing regimen of paracetamol and ibuprofen as long as the recommended maximum daily dose is not exceeded for either medication. Persistent pain and fever could be a sign of a serious condition and the child may need to be referred to its GP.

If a child is under three months old, has a fever lasting longer than 48 hours or their pain or fever is not relieved by OTC analgesics and antipyretics, referral should always be considered.

Further information on treating children's pain and fever can be found in the guide with this week's issue of *C&D*. ☺

Administering Paracetamol and Ibuprofen

Paracetamol

Single doses repeated every 4-6 hours if necessary

Maximum of four doses in 24 hours

Age of child	BNF recommendations
two months	For post-immunisation fever: a single 60mg dose followed if necessary by a second dose 4-6 hours later
<three months	Other indications: on doctor's advice only 10mg/kg (5mg/kg if jaundiced)
three months to under one year	60-120mg
One year to under six	120-250mg
Six to 12 years	250-500mg

Ibuprofen

By body weight	BNF recommendation
Over 7kg	20-30mg/kg daily in divided doses

OR

By age	Single dose 3-4 times daily
1-2 years	50mg
3-7 years	100mg
8-12 years	200mg

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Pharmacy team raises £1,800

The staff and families of LT Chemists' branches at Lliswerry Pharmacy and Corporation Road in Newport were not deterred by the wet weather when they embarked on a five-mile sponsored walk for charity last month.

The group raised around £1,800 for LATCH (Llandough aims to treat children with cancer and leukaemia with hope) from the walk on May 8, a teddy bear sale and a raffle. The charity offers practical support such as reimbursement of petrol costs for patients and their families.

Pharmacy owner Dave Thomas, pharmacist Jo Thomas and pharmacy assistants Lynne Shefford and Eileen Lewis from the Corporation Road branch, and pharmacist Beth Hogan and pharmacy assistants Joyce Michna, Jayne Moorland, Sallie Blanks and Kathleen Hoskins from the Lliswerry Pharmacy took part in the walk, as did many members of their families.

Deborah Jones and her son Michael who has been battling cancer for four years and is a patient at Lliswerry Pharmacy also took part in the walk.



Staff and families from LT Chemists' outside Lliswerry Pharmacy before starting their five-mile sponsored walk

Mrs Jones said: "When Michael was first diagnosed I didn't realise how much help would be needed. LATCH has been very supportive from the beginning."

Pharmacy owner Dave Thomas said that the staff efforts were helped along by generous donations from suppliers Lexon, Mactons, Phoenix, Glamorgan Pharmaceuticals, Western Trading and Williams.

Sweet results of chocolate research

Of all the foods that have been established as being good for the heart, Californian researchers may have found the most pleasurable – chocolate.

A study published in this month's *Journal of the American College of Nutrition* showed that eating dark chocolate on a daily basis increased the ability of blood vessels to dilate. This is because plain chocolate is rich in flavonoids, which are known to reduce blood stickiness and counter blood vessel inflammation.

But it's not all good news for chocoholics. While the results of this study seem to indicate that the benefits will only be felt if chocolate is eaten on a daily basis, the amount required appears to be only 46g, which is equivalent to just one average-sized bar.

Sharon Byrne (pictured right) of Cohens Chemist in Netherton, Liverpool was the April winner of the Wyeth Consumer Healthcare Cambridge Counterpart competition. Both Mrs Byrne and her supervising pharmacist Rob Hebden (left) were presented with bottles of champagne by Whitehall territory manager Paul Johnson. Mrs Byrne has worked at the pharmacy for three years and thought the course was "challenging".



A dermatology website has won a silver award for the best informational consumer website in the Summit Creative Awards. www.skincareworld.co.uk was chosen from over 3,000 entries for its creative style. It has been designed and built as a town with a school, community centre, library, town hall and cafe, and allows healthcare professionals to access patient support material and eczema product information. The dermatology website belongs to Medica Medical, maker of Tubifast and Epadern products. Sales and marketing director Neil Bashforth said: "It's great to have international recognition".



Five-a-side chance to star

Euro 2004 may be looming, but it isn't the only football competition about to kick off.

Deep Heat and Deep Freeze are sponsoring a slightly less high-profile, but no less thrilling, five-a-side tournament.

The catchily-named 'Daily Telegraph five-a-side Cup in association with FourFourTwo magazine' starts with regional heats in over 20 locations in July.

At each regional heat, 'Deep Heat warm-up zones' and 'Deep Freeze injury areas' will be available with physiotherapists on hand to give advice.

The side that wins the tournament will receive £1,000, VIP tickets for the final of the Sky Sports 'Masters Football' competition, a meal with the

'Masters' after the final and a friendly match against a team of 'Masters' rumoured to include ex-England player Peter Beardsley (pictured).

The *Daily Telegraph* contacted C&D inviting pharmacists to enter teams, so any budding Beckhams should e-mail 5aside@relaysports.co.uk or telephone 020 7554 8803.

The closing date for entries is July 2.



WIN a superb fly-drive holiday in Andalucia



The winners of this month's great Pharmacy Travel prize can discover one of the most scenic regions of Europe

Arranged in conjunction with Holiday Autos this prize features the province of Andalucia which offers visitors an incredibly diverse range of landscapes and some real historical gems.

There's no better way of discovering this beautiful region and it's many secrets than with the freedom of your own car. Visit traditional 'white villages' in the mountains such as Mijas and Coin or explore grand historical towns and cities

including Cordoba, Granada, Jerez, Ronda and Seville. Here you will find famous treasures such as The Alhambra and Alcazar Palace.

If you prefer a beach resort head for elegant fashionable Marbella which is less than an hours drive from Malaga airport. Renowned for its cosmopolitan, sophisticated atmosphere Marbella and neighbouring Puerto Banus offer excellent shopping, restaurants and nightlife.

The prize is for a couple and can be taken any time between 01 September 2004 and 31 March 2005 (subject to availability). It includes return flights from Gatwick, Luton or Stansted to Malaga and 7 day's **holiday autos** car rental (Group mbnn) with full insurance and unlimited mileage. Additionally, four-star hotel accommodation (one twin/double room) will be provided for your first night in Spain.

EVERYONE'S A WINNER!

Enter the Pharmacy Travel prize competition and you automatically receive a holiday discount voucher worth up to £500

Rules 1 This competition is open to any pharmacist or permanent member of staff who works at an address which receives either *Chemist & Druggist* or *Community Pharmacy*. **2** Competitors may enter through *C&D* or *Community Pharmacy*, but may only submit one entry. Double entry will disqualify both entries. **3** Entries must be on an original coupon from *C&D* or *Community Pharmacy*, and to be eligible for the prize entrants must correctly answer the question on the coupon. **4** The prize offered will be as stated. No alternative holidays or cash prizes will be offered. **5** Names of winners will be published in *C&D* and *Community Pharmacy*. **6** In any dispute, the decision of CMP Information Pharmacy Group's publishing director will be final and no correspondence will be entered into. **7** Employees of CMP Information Ltd, Travel Clubs International and trading divisions and their immediate families are forbidden to enter. **8** No purchase is necessary to participate. **9** The closing date for this month's competition is as printed on the entry coupon. Data supplied to CMP Europe Ltd and CMP Information Ltd may be shared with any member of the United Business Media Group world-wide, associated companies and subsidiaries for the purposes of customer information, direct marketing or publication. Data may also be made available to external parties on a list rental or lease basis for the purposes of direct marketing. If you do not wish data to be made available to external parties on a list rental or lease basis, please write to the Data Protection Co-ordinator, CMP Information Ltd, Dept PHP649, FREEPOST LON 15637, Tonbridge, TN9 1BR or Freephone 0800 279 0357.

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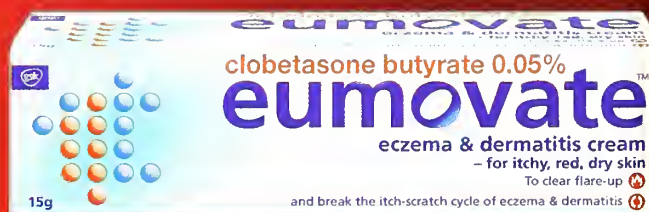
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Fired up by skin flare-up? Go for rapid clear up.



Nothing OTC clears skin flare-up faster than
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little as 5 days^{1,2} and break the destructive itch-
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advising regular emollient use between attacks
you can help stop skin drying out too.



EUMOTHERAPY: FIRST CHOICE FOR SKIN FLARE-UP OF ECZEMA & DERMATITIS

References: 1. Pagnès P. *Chronica Dermatologica* 1984; 15: 734-41.
2. Caramia G, Bizzani V, Gregorini S et al. *Curr Ther Res* 1985;
37(2): 213-24. 3. Peroni A, Nigro M, Schena D. *Clin trials J* 1985;
2(4): 373-80.

Eumovate Eczema & Dermatitis Cream Product Information.

Presentation: Cream containing clobetasone butyrate 0.05% w/w. **Uses:** Short-term treatment and control of patches of eczema and dermatitis including atopic eczema and primary irritant and allergic dermatitis. **Dosage and administration:** Adults and children, aged 12 years and over: Apply sparingly to the affected area twice a day for up to 7 days. If the condition improves within 7 days stop treatment. If condition does not

improve in the first 7 days or becomes worse, or if after 7 days treatment an improvement is seen but further treatment is required, the patient should be advised to consult a doctor. To be used in children under 12 years only on the advice of a doctor.

Contraindications: Known hypersensitivity. Broken skin or skin lesions caused by infection with viruses (e.g. herpes simplex, chicken pox), fungi (e.g. candidiasis, tinea) or bacteria (e.g. impetigo). Acne vulgaris. **Precautions:** Absorption can be increased by occlusion so treatment is limited to no more than 7 days continuous treatment without occlusion. Treatment should not be initiated at the same site for a third time without medical advice. Only to be used for the treatment of eczema or dermatitis

as other conditions may be masked or exacerbated. Should not be used on the face, groins, genitals or between the toes. Medical advice should be sought in seborrhoeic dermatitis. Consumers should be warned against letting the cream get into the eye, as topical steroids can cause glaucoma. Do not use with other topical corticosteroids or in the treatment of psoriasis. **Pregnancy and lactation:** Use only on the advice of a doctor. **Side effects:** Hypersensitivity. Exacerbation of symptoms. **Legal category:** P. **Product licence number:** 10949/0346. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford TW8 9GS, U.K. **Package quantity and RSP:** 15g tube £5.49. **Date of preparation:** May 2003.

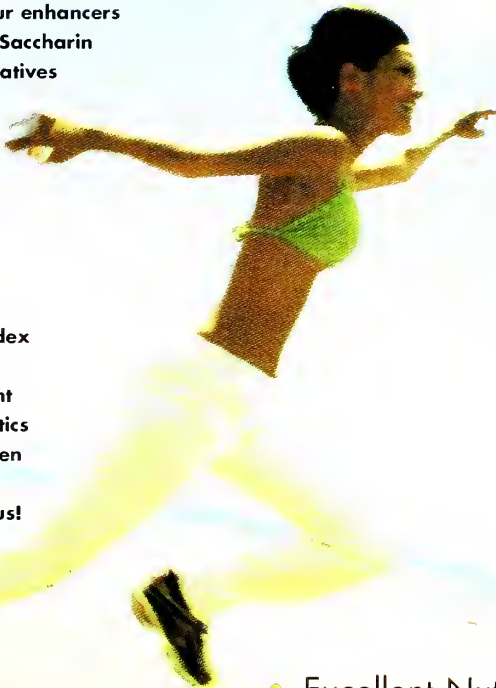


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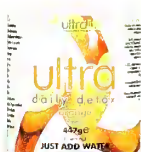
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MINI PRODUCT GUIDE

Ultra Daily Detox

Ultra Multi-Vites



'Do You Feel Sluggish?'

Ultra Daily Detox is one of the most effective cleansing and detoxification products on the market.

Two of the largest categories of Over-The-Counter (OTC) drugs sales are antacids and laxatives, but these deal only with the symptoms rather than the cause of digestive problems.

Ultra Daily Detox helps to remove and detoxify undigested, fermenting matter (mucoid plaque) from the intestinal lining; the average adult on a low-fibre diet has between one and three kilograms of putrefying waste attached to their intestinal walls.

Removing this and facilitating the development of a healthy intestine will assist greater absorption of protein, minerals and other nutrients from foods and other nutrients ingested.

- Supports a healthy intestinal system
- Supports normal bowel function
- Helps to eliminate intestinal toxins and parasites
- Helps to lower LDL ('bad') cholesterol
- Assists in weight loss

R.R.P 250cc jar - £6.99 and 800cc jar - £17.99.

Flavours: Orange, Tropical or Unflavoured.

'Would You Like Higher and More Consistent Energy Levels?'

A superior quality multivitamin and mineral liquid supplement formulated to provide essential micronutrients that are known to be deficient in the 'typical' diet.

Ultra Multi-Vites contains a wide variety of highly bioavailable vitamin and mineral forms, the absorption of which is enhanced further through the product's liquid delivery and inclusion of a patented black pepper extract (Bioperine®).

- Provides many highly bioavailable forms of micronutrients known to be deficient in the average diet
- Surveys show that large sectors of the population are deficient in particular vitamins (e.g. C, D, K) and minerals (e.g. selenium, zinc, magnesium)

R.R.P 250cc jar - £7.99 and 800cc jar - £24.99.

Flavours: Orange, Tropical or Unflavoured.



Ultra Fruit & Veg



'Do You Find it Difficult to Consume 9 portions of Fruit and Vegetables Every Day, Consistently?'

This product contains in one great tasting drink many key nutrients present in 5 servings of freshly grown fruit and vegetables.

UK studies show that the average adult consumes less than 3 servings of fruit and vegetables per day.

4 to 18 year-olds consume on average between 0 and 1 servings of fruit and vegetables per day.

Recent research suggest we should be consuming at least 9 portions of fruit and vegetables per day!

The mineral content of fruits and vegetables in the UK has been depleted by up to 70% over the last 50 years (D. Thomas (2003) Nutrition and Health, 17: 85-115).

Low consumption rates of fruit and vegetables, as well as deficiencies of certain vitamins and minerals found within them, have been shown to increase the rate of asthma and other respiratory disorders in children.

- Provides the same levels of vitamins, minerals and key phytonutrients as found in 5 servings of organically grown fresh fruit or vegetables
- Contains lutein, which promotes healthy eyes

R.R.P 250cc jar - £7.99 and 800cc jar - £24.99.
Flavours: Orange, Tropical or Unflavoured.

Ultra Antioxidants



'Are You Exposed to Environmental Toxins, Stress or Mobile Phone Radiation?'

Environmental toxins include air pollution, ingredients in many personal care products, pesticide residues in non-organic foods, food additives, and chemicals in cigarette smoke.

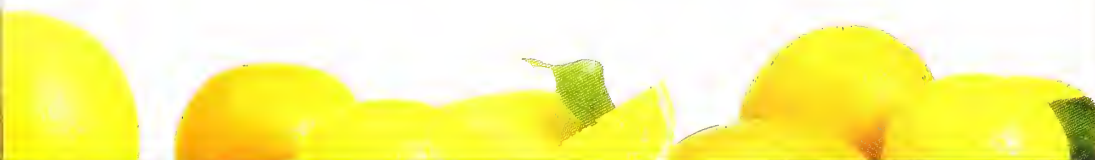
Antioxidants help to mop up and neutralise damaging free radicals in our bodies which are caused by the factors above.

The key active ingredients, the Oligomeric ProanthoCyanidins (OPCs), in the case of Ultra Antioxidants extracted from grape seeds (not to be confused with standard grape seed extracts), are estimated to have an antioxidant effect 50 times greater than vitamin E or selenium and 20 times that of vitamin C.

Ultra Antioxidants also contains the important antioxidant vitamins A, C and E, that work synergistically with the OPCs, enhancing its antioxidant effect even further.

- Protects against free radical damage in the body
- Helps to protect against the potential harmful effects of:
 - environmental chemicals
 - solar radiation
 - mobile phone radiation
 - petrochemicals in cosmetics
 - chemicals in foods (e.g. pesticides)
 - air pollutants (e.g. lead from car exhaust fumes)

R.R.P 250cc jar - £9.99 and 800cc jar - £29.99.
Flavours: Orange, Tropical or Unflavoured.



Ultra MAX



'The Three-In-One Product'

Contains the equivalent of a single serving of Ultra Multi-Vites, Ultra Antioxidants and Ultra Fruit & Veg.

Ideal supplement to support optimum nutrition, in particular for people with higher nutritional requirements or those engaged in sport.

R.R.P 250cc jar - £17.49 and 800cc jar - £59.99.

Flavours: Orange, Tropical or Unflavoured.

Daily Price Comparison

Ultra Multi-Vites

30 day jar	£24.99	= 83p per day
7 day jar	£7.99	= £1.14 per day

Ultra Antioxidants

30 day jar	£29.99	= £1 per day
7 day jar	£9.99	= £1.43 per day

Ultra Fruit & Veg

30 day jar	£24.99	= 83p per day
7 day jar	£7.99	= £1.14 per day

Ultra Daily Detox

30 day jar	£17.99	= 60p per day
7 day jar	£6.99	= £1 per day

Ultra Max

30 day jar	£59.99	= £2 per day
7 day jar	£17.49	= £2.50 per day

Ultra Shake

30 day jar	£39.99	= £1.33 per day
7 day jar	£15.99	= £2.28 per day

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FOOD PRODUCTS

Meal Replacement for Weight Control Ultra Shakes



The unique, dairy-free Ultra Shakes are available in three delicious flavours – Chocolate, Vanilla, and Strawberry.

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Each serving includes over 20g of protein, low glycaemic slow-burn carbohydrate, 10g of lecithin, a unique lipid fat which helps the body to burn fat while providing valuable brain nutrients and essential fatty acids, and inulin, a prebiotic that assists the culture of 'friendly' bacteria in the gut.

The substantial dose of high-quality lecithin also lowers 'bad' cholesterol, and is good for hair, skin, nails and joints.

For weight control, replace one, or two, meals per day with one of the Ultra Shakes.

For sports people, enjoy one of these drinks with 2 or more of your meals, or immediately after completing your exercise programme. Or you could, of course, just enjoy an Ultra Shake as a 'guilt free' healthy meal, as and when desired.

- Helps reduce LDL ('bad') cholesterol
- Supports lean body ('muscles')
- Helps reduce body fat
- Provides important brain nutrients

R.R.P 1250cc jar - £15.99 and 3250cc jar - £39.99.

Flavours: Chocolate, Vanilla or Strawberry.

